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Broken Promises: The Canadian Tainted-blood scandal

by

Wesley R. Dean ©

A thesis submitted to the Faculty of Graduate Studies and Research in Partial fulfillment of the requirements for the degree of Doctor of Philosophy.

Department of Sociology

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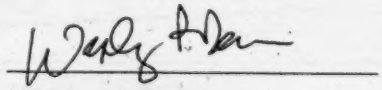

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Dedication

For Don, Zaundra, Jeffrey, Terry, Joshua and Matthew.

Abstract

In the early 1980s, Canadian hemophiliacs first exhibited symptoms of AIDS. Over the next several years, the enormity of this epidemic became terribly clear. By 1995, over forty-three percent of the hemophiliacs in Canada had contracted AIDS through HIV tainted blood products. This dissertation is a discursive analysis of the moral economy of the Canadian tainted-blood scandal. A moral history covering the period from its inception in the early 1980s to its conclusion in the late 1990s. The analysis follows the scandal from the events that precipitated the scandal, through to an explosive proliferation of media accounts of tainted-blood in the Canadian press to the resolution of the scandal with a public inquiry and the replacement of the Canadian Red Cross with two new institutions, Canadian Blood Services and Héma-Québec. This discursive analysis ties the blood scandal together as a cohesive narrative.

The principal guarantee of the moral economy of the Canadian blood system was known as the "gift of life," promising that blood donations would be used to save lives. It was the violation of this normative promise that legitimated the status of the tainted-blood scandal as a "scandal," and the expression of public outrage that was to follow the scandal's eruption into the public eye. The moral economy of blood examined in this narrative is rooted in the discursive production of numerous texts ranging from the transcript of an extensive public inquiry, to newspaper and magazine articles, press-releases, newsletters, advertisements, annual reports, technical reports, encomiums and so on.

The discourses of moral and descriptive economies are intertwined throughout a

circular narrative of wrongdoing, blaming, retribution and return. Following this story through allows for an investigation of the constitution of the moral principles understood to have been violated by parties involved in the blood scandal, their existence as institutionally-bound promissory practices, and the resolution of the moral outrage legitimated by their violation.

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I would like to thank Steve Hrudey who funded me for the first four years of this project as the Eco-Research Chair in Environmental Risk Management as well as Harvey Krahn who patiently served as my co-supervisor with Steve throughout the duration of this research. I would also like to thank Derek Sayer, George Pavlich and William Leiss whose suggestions as members of my committee were invaluable. Numerous other colleagues, fellow students and friends provided help and support throughout the writing process. I would like to thank Yoke Sum Wong for her pre-eminent qualities as a soothsayer, her open generosity, her ready willingness to lend an ear and for teaching me all about PRADA; Heng Aik Khoo for his unflagging generosity, in depth knowledge of copper gauging, and orienteering; Mark Jackson for much serious brainstorming and soul searching; Clay Ellis for welcoming me into his home so many times; Simon Black for decompression and disciplinary assistance; Derek Sayer again for his treasonous salmon pilferage experience; Brendan Leier, the Buddha de le Chien Noir, for his exceptional hospitality; Matthew Stephens for wry commentary; Sophia Wong, Lynda Stokes and Nana Hashimoto for the occasional PING; and Virginia Valery Gibson for chicken curry. I would also like to thank Karen Engle, Timothy Lambert, Verona Goodwin and H. Morgan Scott for their friendship and assistance.

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Introduction

Prior to the advent of AIDS, blood transfusion was a relatively untroubled medical practice. Recipients of blood transfusions and blood products had to worry about infections, but blood donations were screened for diseases such as syphilis. And hepatitis B, the bane of hemophiliacs, could at least be cured. At the time, blood-borne diseases simply did not carry the same weight as would later diseases such as HIV and hepatitis C.

The first cases of AIDS-tainted blood in North America were reported in the United States in July of 1982 when three hemophiliacs who had been treated with factor VIII concentrate, a blood derivative that promotes clotting, were diagnosed with cases of *pneumocystis carinii pneumonia*, an extremely rare disease found almost exclusively in birds, and more recently in men who had been diagnosed with the new gay disease. This report in the U.S. Center for Disease Control's ***Morbidity and Mortality Weekly Report*** came just two months after the ***Canada Diseases Weekly Report*** was to publicize the first known case of AIDS in Canada. In December of 1982 the ***Morbidity and Mortality Weekly Report*** published accounts of four new cases of hemophiliac AIDS and the infection of an infant with AIDS from a blood transfusion. That same month, the ***Canada Diseases Weekly Report*** reported symptoms of immune deficiencies akin to those of the AIDS patients in a number of Canadian hemophiliac patients in Montreal.[1]

In the early1980s, AIDS was considered a disease of populations marginalized in North America. Gay men, Haitians and Africans, and IV drug users were the most common early victims in North America. The initial concern accorded to research, development and treatment of AIDS was atrociously negligent, just what could be expected for a disease whose victims lived on the periphery of American and Canadian

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[1] An excellent summary of HIV and AIDS milestones internationally, and in Canada, with specific attention paid to concentrate and transfusion AIDS, can be found in Krever, Horace. 1997. ***Final Report: Commission of Inquiry on the Blood System in Canada. Vol. 1.*** Canadian Government Publishing: Ottawa, Canada. Pp. xxi - xxviii. Another detailed historical summary is to be found in an appendix in Picard, André. 1995. ***The Gift of Death.*** Toronto: Harper Collins Publishers Ltd. I include my own chronology in Appendix E.

society.[2]

With the infection of an infant in the United States with AIDS from a blood transfusion, it was soon to become apparent, at least to specialists in the disease, that anybody was at risk for AIDS, not just those individuals living in third world nations or at the periphery of Canadian and American society. AIDS, it appeared, was caused by a viral agent and it could be spread through blood. This did not put transfusion patients at extreme risk because the risk of contracting AIDS from a blood transfusion was no greater than the risk that any single blood donation (multiplied by the number of necessary units of blood) would be infected with the HIV virus.[3] Transfusion patients were relatively safe, however, the hemophiliacs proved to be at extreme risk.

Hemophiliacs are missing one or more clotting agents from their blood. They suffer varying degrees of difficulty stanching the flow of blood from cuts or wounds. Furthermore, the more severe hemophiliacs are prone to dangerous internal bleeding from bruises and stressed joints. Severe hemophilia was often a terribly debilitating disease.

The earliest sound treatments for the symptoms of hemophilia were bed rest, immobility, and voluminous blood transfusions. This changed in 1964 when Dr. Judith Pool of Stanford University discovered the process for manufacturing cryoprecipitate.

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[2] This point is convincingly argued in Shilts, Randy. 1987. ***And the Band Played On: Politics, People and the AIDS Epidemic***. Penguin: New York. pp. 90, 101-110. Shilts compares the reaction to the early stages of the AIDS epidemic to the response given an outbreak of Legionnaires disease which killed 29 conventioneers in 1976. At a point where many more gay men had died from Kaposis Sarcoma, Pneumocystis Carinii and other symptoms of AIDS, much less money had been spent on research. Furthermore, much less coverage was to be found in major newspapers such as ***The New York Times*** or ***The Washington Post***.

[3] There were, however, a number of tragic cases involving transfusion AIDS. The aforementioned infant in the United States was only the first of many. In Picard, André. 1995. there is the case of Kenneth Pittman who contracted AIDS from a transfusion of cryoprecipitate, a clotting factor concentrate, during surgery. Dr. Bain, his primary care physician chose not to tell Kenneth Pittman about his condition because he felt that Pittman was already in bad enough shape as it was and he did not expect him to be a danger to anybody else. His assumption was also to cost Rochelle Pittman, Kenneth's wife, her life. She contracted AIDS from sexual relations with her husband. This kind of negligence, born of foolishly uninformed paternalism, was to wreak great havoc over the next several years.

Cryo was a frozen, and concentrated product that included the clotting factors missing from the blood of hemophiliacs. By late 1965, cryoprecipitate was available, with some limitations, to Canadian hemophiliacs. The advent of cryoprecipitate revolutionized their lives. They still had to go to the hospital for treatment, but the use of cryoprecipitate essentially ended the extreme treatment measures that hemophiliacs had previously undergone. Cryoprecipitate radically changed their lifestyles, allowing hemophiliacs to participate in activities formerly forbidden by the previously dire consequences of an active lifestyle.[4]

The next major revolution in the treatment of hemophilia was the development of factor concentrate. It was a freeze-dried concentrate developed in the mid-1960s and it only had to be mixed with sterile-water and injected.[5] This concentrate made life even easier for hemophiliacs as it could be self administered. Cryoprecipitate was a frozen product stored at the hospital. With concentrate, a hemophiliac could now travel without having to make difficult arrangements to receive injections on the road or abroad.

Cryoprecipitate and factor concentrate were made available to Canadian hemophiliacs through the Canadian blood system. Blood, or the 'gift of life,' was donated through Red Cross donation centers. At the other end of this institutional interface, the Red Cross distributed the needed blood products to hemophiliacs or to the hospitals needing these products. At many points in this system, this gift was corrupted. The promise of life was broken, and hemophiliacs contracted AIDS.

The material conditions for the breaking of this promise originate partly with the manufacturing methods for concentrate. It was made from pools of blood donations as large as 20,000 units. This greatly increased the risk of viral infection as one infected donation would then contaminate the many thousand others in the pool. It was estimated

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[4] Picard, André. 1995. P. 44-45. Picard recounts the story of Ed Kubin, a young hemophiliac who, as a child, had to endure numerous trips to the emergency room. Kubin often had to be strapped down and immobilized during his bouts with internal bleeding. Cryoprecipitate allowed him to marry, get a job and lead a relatively normal life.

[5] *Ibid.* P. 46.

by one group of researchers that the rate of concentrate contamination with hepatitis B was virtually 100 % in 1967.[6] It was the pooling property of the manufacturing process that was to make the use of concentrate so dangerous. Concentrate usage was to blossom in the late 1960s and by the late 1970s it was common practice to treat almost all Canadian hemophiliacs with factor concentrate.[7] The use of HIV–and hepatitis C–infected factor concentrate was to devastate the Canadian hemophiliac population. As of 1995, 43% of the 2300 hemophiliacs in Canada had contracted HIV, some from cryoprecipitate, but most from infected factor concentrate.[8]

The infection of a small number of hemophiliacs with HIV from concentrate was tragically inevitable. However, the number of victims had been greatly inflated through a combination of gross negligence and ignorance of the disease's pathways. It is with accounts of these formative years of the Canadian tainted blood scandal that I begin my discourse analysis of the moral economy of tainted blood. The accounts include newspaper and magazine articles, transcripts from a public inquiry, mission statements, annual and statistical reports, pamphlets and other documents from the Canadian Red Cross and other agencies involved in the blood scandal.

To paraphrase E. P. Thompson, blood system decision-makers were expected to uphold certain moral principles concerning legitimate practices in donation, screening of donations, fractionation of blood into needed byproducts, distribution to hospitals and clinics, and transfusion to patients. Those commonly understood social norms and obligations concerning the exchange and manipulation of blood and its byproducts are the moral economy of blood.[9]

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6 ***Ibid.***

7 ***Ibid.*** P. 86.

8 ***Ibid.*** P. 1.

9 The original passage that I have mangled for my own purposes is from Thompson, E. P. "The English Crowd in the 18th Century." ***Past and Present***. Pp. 78-79. "It is of course true that riots were triggered off by soaring prices, by malpractices among dealers, or by hunger. But these grievances operated within a popular consensus as to what were legitimate and what were

Testimony from the ***Verbatim Transcripts of Commission of Inquiry on the Blood System in Canada. February 14, 1994 - December 17, 1996***, and a number of documents contemporary to the early days of the blood scandal, indicate that blood system decision-makers utilized a series of moral principles such as "voluntarism," "self-sufficiency," and expertise to legitimate decision making and guarantee the delivery of the blood system's principal moral promise, "the gift of life." After the fact testimony at the inquiry reinforces the reliance upon these moral principles while challenging the specific calculations made against their promise in the early 1980s.

It has been argued that, in part, the fault for these extremely high infection rates lies at the feet of the media. André Picard, a journalist who covered the blood scandal, told his fellow reporters at a conference of the Canadian Association of Journalists that

> We journalists are guilty of the same 'crime' as the main players in the blood system – the Red Cross, Health Canada, the Canadian Blood Committee, the provinces, the politicians, medical officers of health, doctors – a failure to inform the public. Like them, we have excuses... but collectively, our mistakes have cost hundreds of people their lives. There can be no excuse for that. We cannot be forgiven. But we can make amends by learning from our failures, by never again repeating them.[10]

Picard was correct in his assessment that the hermetic nature of the Canadian blood system could have been mitigated through a more aggressive reporting policy on the part of the Canadian press. Although the first press coverage of the blood scandal came as early as 1983, the infection of hemophiliacs with HIV did not become a major public event

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illegitimate practices in marketing, milling, baking, etc. This in turn was grounded upon a consistent traditional view of social norms and obligations, of the proper economic functions of several parties within the community, which, taken together, can be said to constitute the moral economy of the poor. An outrage to these moral assumptions, quite as much as actual deprivation, was the usual occasion for direct action."

[10] Picard, André. 1995. P. 1.

reported on the front pages of national newspapers until late 1992.[11] A lack of public knowledge of AIDS was to impair severely the ability of the agencies involved in the blood scandal to obtain funding from the Canadian federal and provincial governments. AIDS and the blood system were simply bottom drawer concerns until the early 1990s.

The news coverage beginning in 1983, no matter how tentative, was the first glimmering of what was to become a discursive explosion. The discourse on the moral economy and the *actual* economy of the blood system was to become a public discourse rather than a specialist discourse attended to only by blood system experts. A fissure began to grow rapidly between normative and descriptive economic discourse as attention came to be focused on tainted blood and infected hemophiliacs and popular accounts of the scandal began to search for blameworthy causes.

This attention was the product and representation of a nagging pain, the pain that provokes memory and produces conscience. The enhanced media attention led, in part, to the public Commission of Inquiry on the Blood System in Canada. This commission of inquiry was entrusted to the Honourable Justice Horace Krever in response to an Order in Council under a recommendation of all the federal, provincial and territorial ministers of health with the exception of Quebec, to investigate the activities of the blood system in the early 1980s.[12]

As a mnemotechnic, the inquiry served both memory and oblivion. The inquiry took the testimony of dying hemophiliacs, corporeal bodies in pain, and converted them into mere words, transcripts, files and final reports. The inquiry transformed the unruly dead into a well-regimented spectral presence that could eventually be placed aside. The inquiry process was a memorial in service of 'getting past it all.'

However, the inquiry was mostly unsuccessful at transforming the pain of

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[11] I have read almost every newspaper article written on the subject of tainted blood in Canada. There was very little serious coverage of these events until the end of 1992. The ***Globe and Mail*** journalist André Picard, who was one of the first Canadian reporters in the major presses to devote his time to AIDS coverage, also reports this critical omission in Picard, André. 1995. P. 1.

[12] Krever, Horace. 1997. P. 5.

hemophiliacs and the general disapproval of Canadians into a form that could be filed away and forgotten. In conjunction with the public inquiry came a collapse of faith in the Canadian blood system. The system relied almost entirely on volunteer donors and these donors fled in droves with the advent of public attention into the workings of the blood system. In the years between 1993 and 1998, the blood system was to lose around 294,000 donors from its annual donor base. That amounts to a 23 percent decrease in donors over a five-year period.

The Commission of Inquiry on the Blood System in Canada was to become big news in its own right as a number of individuals, pharmaceutical companies, and provincial governments filed suit to prevent Justice Krever from finding fault against the plaintiffs, or as Krever put it, "to make certain findings of fact."[13] Many of the provincial governments dropped out of the suit, or were not allowed to appeal. Those remaining plaintiffs, whose appeals made it before the Supreme Court of Canada, were dismissed in September of 1997.[14]

The ***Commission of Inquiry on the Blood System in Canada: Final Report*** was released in late 1997. The report found that the causes of the blood scandal were many. Practically every institution involved in the blood system from the Bureau of Biologics (the agency that regulated the blood system for Health Canada), to the Canadian Red Cross and the Canadian Blood Committee, the Connaught pharmaceutical company and the Provincial governments, were to blame for Canada's exceptionally high infection rate compared to other nations.[15]

This inquiry did not allow Canadians to put their past behind them. Rather, it reminded them of the broken promises of the blood system, the injustices done to

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13 ***Ibid.*** P. 8.

14 ***Ibid.***

15 See chapter 36, volume three in Krever, Horace. 1997. Vol. 1. This chapter is called "The Blood Supply in Canada: Systemic Problems in the 1980s." It summarized Justice Krever's findings on causality in relation to all the major players in the Canadian blood system. I summarize sections of this chapter's argument in chapter four of this monograph.

hemophiliacs, and most notably, the corruption of the gift of life. The inquiry's finding that responsibility was so widely distributed among the many institutions entrusted with the well-being of Canadians was a reminder that the gift entrusted by Canadian donors to these institutions had been squandered.

Even before the final report was delivered by Justice Krever, the Canadian Ministers of Health were revamping the blood system. During this period the stories about the causes of the blood scandal were to become relatively fixed. Accountability was established by the federal ministers when they made the Canadian Red Cross a scapegoat and replaced the Canadian Red Cross with a new agency called Canadian Blood Services. In late 1997, Canada's Health Ministers, excepting Québec, made appointments to the Canadian Blood Services Transition Bureau. This bureau was to assist in determining the new structure of the Canadian blood system. In March of 1998, the province of Quebec announced its plans for a new blood system specific to Québec. Héma-Québec was integrated into the Québécois provincial health-care system. The Canadian Blood Services was up and running on September 1, 1998.

One of the first orders of the Canadian Blood Services was to mount a massive public relations campaign. This campaign emphasized the ever-present need for donors and the positive changes that the blood system had undergone in the upheaval. Under the campaign, there was an increase of around 300,000 annual donations from 1996 - 97 to 2000. The resurgence in blood donations signaled the restoration of public conscience and confidence in the updated blood system. The cycle of memory and oblivion had cycled a full turn.

There has been scarce examination of risk management disaster scenarios in their entirety. The literature on risk management usually breaks the narrative of disaster, scandal and resolution into segments. Common questions are "what went wrong?" "How do we resolve this public-relations problem?" Or "where do we go from here?" At times these questions become incredibly specialized. For instance, one of the most commonly repeated studies in risk management and communication circles is the psychometric survey where the central question is "how do the public, or specific publics, perceive risk?"

While I will address some of these questions, I will not partition the blood scandal into isolated fragments.

My goal is not to provide a traditional empirical account of what went wrong. A number of other writers have already published excellent accounts of the causes of tainted blood. Justice Horace Krever's ***Commission of Inquiry on the Blood System in Canada: Final Report*** is an exhaustive foray into the causes of tainted blood in Canada. A number of journalists have also written in-depth books on the subject including André Picard, Vic Parsons and Johanne McDuff.[16] It was not my intention to add significantly to their investigations into the causes of tainted blood, although I do discuss the discourses that erupt around blameworthy actions identified by others. Instead of identifying specific causal agents, I map a horizon of possible justifications, articulated after the act. These legitimations are all about causality, they frequently take the form of "I did it because of this principle." However a discourse on causality is not a causal argument, merely an argument about causality.

Instead, I have written a moral history mapping the entire terrain of the blood scandal. This account is in two sections, the first of which is titled "Business as Usual." In this section, the Canadian blood system will be examined as a fairly closed entity. People outside the blood system rarely took notice of the system unless they were donating blood or viewing evidence of its good deeds. The day-to-day practices of the blood system during this period were mostly invisible to outsiders. Activities within the system were scarcely questioned from the outside. This period was described before the Krever Commission as one where the widely available discourses on the moral economy of blood and the descriptive economy of blood were well synchronized. It was during this period that the promises made by the moral economy of blood were later described as broken

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[16] The most representative examples of this coverage are the books ***The Gift of Death*** by André Picard (1995), ***Bad Blood*** by Vic Parsons (1995), and ***Le Sang Qui Tue,*** McDuff, Johanne (1995). Picard, Parsons and Mc Duff were journalists who covered, perhaps even inaugurated the tainted-blood scandal in Canada from its very beginning as a media event.

The second section is titled "Kicking the Paltry Windbags." Here, I examine the discursive explosion of the moral and descriptive economies of blood and many of the attempts to focus blame on specific parties. Suddenly, the blood system became a public problem as media coverage of hemophiliacs with HIV skyrocketed. The advent of the Krever Commission served to increase anger and dissatisfaction with the blood system. During this period the broken promises of the moral economy of blood became widespread public knowledge. The most common form of action legitimated by this disruption to moral economy was a steady decrease in blood donations. In tandem with the heightened public awareness of the blood system came markedly more sophisticated descriptions of the institutional complexity of the blood system. Prior to the blood scandal, most public representations of the blood system simply referred to it as the Canadian blood system, or even more common, as the Canadian Red Cross. After the scandal broke, the system was often characterized in terms of individual players, as well as the many distinct institutions that played a role in the dispensation of blood products in Canada, both private and public. As a consequence, it became more difficult to lay blame in one specific place. Promises had definitely been broken, but with such a complex institution as the blood system it was difficult to negotiate a consensus about where to place the blame for this catastrophe.

Blame, however, was eventually focused as the Canadian Red Cross was replaced with two new institutions, Héma-Québec and Canadian Blood Services. This takes me to the end of the second part of the dissertation, "Consanguinity as We Once Knew It," where I examine the ways in which the public discourses on the moral and descriptive economies of blood were brought back into harmony through the sacrifice of the Canadian Red Cross and its replacement with the two new agencies. During this period, there was a quelling of most of the public discourses that expressed dissatisfaction with the blood system as blood donations shot to a new high. The sacrifice of the Red Cross brought resolution to the narrative of the tainted-blood scandal.

Each of these sections is divided into chapters. Part one has three chapters. These three chapters rely heavily on testimony presented before the Krever Commission in 1993.

What I present in Part One is an account of how participants in the tainted blood scandal performed their understanding of what went wrong rather than a realist account of what *actually* happened. The final report of the Krever Inquiry is probably the best place to seek such a causal account.

I achieve something different in these chapters. The Krever Inquiry can be understood as a complex morality play. I reorganize this performance into representative stories that emphasize often repeated themes such as the gift, self-sufficiency, expertise and trust.

Central to the structure of this narrative is a retelling of the stories of those who could, after the scandal, count their risk management efforts as successes. I focus on these stories because they provide narrative resources for re-imagining a better blood system and other risk management scenarios as well.

The first of these chapters focuses on two primary principles of the Canadian blood system, the moral economy of the gift and self-sufficiency. In this chapter, I begin by outlining the centrality of the gift to the blood system, especially as a narrative that legitimated many day-to-day decisions throughout the blood system. I describe some of what was promised by the gift of life and what was in turn delivered. The gift does far more than simply legitimate actions, it also promises certain outcomes, in this case, the gift of life. The gift was principally understood as a collection of virtues that came with the voluntaristic character of the blood system. Unfortunately, many of the actions legitimated by the gift of life delivered the gift of death. The moral economy of the gift was breached, landing a sharp blow to the faith placed in those entrusted with the obligation to uphold the promise of the gift. This chapter then turns to the narrative of self-sufficiency. Self-sufficiency played nearly as central a role in legitimating blood policy and supporting the narrative of the gift of life as did voluntarism. Self-sufficiency promised the ability to control, and monitor blood, from its donation through to its transfusion. This guarantee was broken as self-sufficiency was used to legitimate any number of decisions that had little to do with maintaining the safety of the blood system.

Chapter two explores moral economy and expertise. Expertise guarantees that

specialized forms of knowledge will be utilized in problem solving. A few cases of problem solving are examined here, especially as they relate to the development of donor-screening procedures. The experts who were successful at keeping the promise of expertise, especially in situations where problem solving was done under circumstances of great uncertainty, described their relations to the others of expertise as accommodating and expressed the limits of their knowledge with a strong degree of humility.

Chapter three examines trust, the emotional glue that holds together discourses on moral economy. Trust and its related emotions such as confidence and reliability assure the parties engaged in the production of moral economies that various parties will respect shared norms, and use them to legitimate their actions. Chapter three also examines distrust, the emotion that one holds towards someone or some institution that cannot be counted on to respect the norms that ought to be guiding decision-making concerning economic activities. The discussion of distrust moves the analysis forward to the second part of the dissertation.

Part two, "Kicking the Paltry Windbags," is primarily concerned with the discursive production of distrust and the partial resolution of the dissonance between described and moral economies via the sacrifice of the Blood Transfusion Arm of the Canadian Red Cross and its replacement with Héma-Québec and Canadian Blood Services.

Chapter four covers the early days of the tainted-blood scandal. It was not quite yet a scandal, but something was clearly wrong with the clients of the blood transfusion system. It is here that public discourse began to grope its way slowly towards a blameable party. The early culprits were mostly thought to be gay men, IV drug users, Haitians and the virus itself, as if nature itself were being blamed. Slowly, blame shifted from these early targets to the blood delivery system.

Institutional blame slowly shifted and accumulated until 1993 when a public inquiry into tainted blood was announced. Chapter five addresses the findings of the Commission of Inquiry on the Blood System in Canada and its impact on public discourses of blame.

Chapter six examines the eventual scapegoating of the Canadian Red Cross as most, but not all public discourse on blame began to describe the blood system as if it and the Red Cross were the same thing. This institutional simplification was an essential element in the transformation of the Red Cross from a highly visible aspect of the Canadian blood system to an effigy for the entire system. Finally, in a concerted effort of the Federal and provincial governments, the Red Cross was ousted from its place in the blood system and replaced with Canadian Blood Services and Héma-Québec. A successful substitution implies a performance, a repeat performance where the script remains the same, yet the subtleties of interpretation differ greatly.[17] This revue allowed for a shift in public discourse on the Canadian blood system. There was a demonstrable return of public discourse almost exclusively to matters concerning the gift of life, especially as it related to donors and blood shortages. This period of public discourse shared many similar concerns with the period of discursive production leading up to the blood crisis such as donor shortages. Only later they were voiced critically. Previously blood shortages were simply problems. Now they become the fault of Canadian Blood Services and Héma-Québec. A description of the early days of these two new institutions forms the bulk of the final chapter.

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[17] Joseph Roach describes the performative aspect of substitution in the first chapter of Roach, Joseph. 1996. ***Cities of the Dead: Circum-Atlantic Performance.*** New York: Columbia University Press.

Part One: Business as Usual

If there is a guarantee central to the moral economy articulated through discourses on the Canadian blood system, it was the "gift of life." The blood system promised to deliver blood donations from donors to recipients in order to save their lives. When I read accounts of the tainted-blood scandal, it is the violation of this promise that comes to the forefront. Most newspaper articles begin with a reference to the many who have died or been affected through tainted blood transfusions, and two of the three popular accounts of the scandal feature death in their titles, the most obvious being André Picard's ***The Gift of Death***.[18] The gift of life was further articulated in this description of the promises of the Canadian blood system by the Canadian Ministers of Health and cited by R. A. Perrault:

> ... the integrated provision of blood and plasma for the preparation of components and fractions within the form of a National Blood Programme, based on the basic four principles enunciated by the Ministers of Health since 1980: a) a voluntary donor system, b) self-sufficiency of blood products, c) gratuity of blood products, and d) a non-profit policy.[19]

The language of this passage is redolent of the gift. "National," alongside the principle of "self-sufficiency of blood products," denotes an ideal community where blood is to be shared freely, a community coextensive with the boundaries of the Canadian state. "Voluntary donor system; gratuity of blood products;" and "non-profit policy;" all speak to the gift. What Perrault is suggesting here is that the National Blood Programme is the instantiation of these intertwined promises. These promises were definitely present as part of the everyday discourse of the blood system, but their delivery left a great deal to be desired. Voluntarism and self-sufficiency were the two most commonly discussed of these principles and the ones on which I focus my analysis.

There are also a number of other broken promises that emerge from my readings

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[18] Also see McDuff, Johanne. 1995. ***Le Sang Qui Tue: L'Affaire Du Sang Contaminé Au Canada***. Montréal Canada: Enquête.

[19] Perrault, R. A. 1990. ***The Canadian Red Cross Blood Programme From 1974 to 1990: A Report to the Canadian Hematology Society.*** Ottawa: Canadian Red Cross Society. P. xii.

on the blood system, promises not identified directly in the ministerial principles quoted by Dr. Perrault. Two of the most important are the promises of trust and expertise. The first two principles will form the substance of the first chapter, followed by chapters on the guarantees promised by expertise and trust.

Of the principles outlined by Dr. Perrault, voluntarism and self-sufficiency offer the richest discourse, one that continues to be relevant to the current Canadian Blood Services who proclaim their self-sufficiency and "the critical and meaningful role" of volunteers in a document titled ***Our Vision*** to be found on their web site under Corporate Statements.[20] As I read the transcripts of the Krever inquiry I came across innumerable efforts to justify one decision or another through recourse to narratives relying on the importance of voluntarism or self-sufficiency.

Chapters two and three examine expertise and trust, respectively. These are factors that were not only relevant to this particular risk management debacle, but to a wider array of discourses on environmental, medical, industrial and other catastrophes.

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[20] Http://www.bloodservices.ca/english/home_english.html.

Chapter 1: The Impossible Promise of the Gift

No man is an island young lady. To do one unselfish act with no thought of profit or gain is the duty of every human being. Something for the benefit of the country as a whole. What shall it be I thought? Become a blood donor or join the young conservatives (Tony Hancock, ***The Blood Donor****).*[21]

The discourse on the moral promise of the gift of life forms the substance of this chapter. This promise was incredibly important to the Canadian Red Cross, and post-scandal discourse on the causes of tainted blood regularly cited it as a support of the decision-making architecture of the Canadian blood system that went sadly undelivered. This promise was grievously broken, partly as a consequence of miscalculations against the other promises made in its name. Voluntarism and self-sufficiency are two of the principles that support the moral economy of the gift. Each of these principles promised a sacred return, the gift of life. In this chapter, I first discuss economy and moral economy in general. I then examine discourses on the principles of voluntarism and self-sufficiency. These discourses will be unpacked against another range of discourses, ones that articulate forms of solidarity sharply distinct from those promised by voluntary blood donation. Not only did these counter discourses undermine the narratives that support the gift of life, but they explained how blood system employees, looking back on their past, articulated the serious miscalculations against the gift of life that threatened the lives of Canadian hemophiliacs.

Moral Economy

I use the expressions "discourse on economy" or simply "economy" to refer to the discursive productions that explain how blood was processed, exchanged, donated and moved through the blood system from donor to fractionation facility to hospital or clinic and to hemophiliacs. Of equal importance is "moral economy," another discursive

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[21] Hancock, Tony. 1988. ***The Blood Donor, & The Radio Ham***. A sound recording from BBC Recordings.

production that refers to the organizing principles that legitimated these exchanges and also legitimated active critique of these exchanges.[22]

Here the word economy, as in gift economy or market economy, refers to the organizing principles governing the exchange of blood as gift or as commodity. When I refer to economy or economies, I am not referring to formal accounts of Economy as one would study in a department of Economics. Orthodox economics as a formal project applies general rules "taken as universally valid and applicable grosso mondo..."[23] to specific societies. My use of economy is akin to Marshall Sahlins' term "substantive economy" with some important differences. Substantive economics studies economy as derived from the actual circumstances of exchange present in a given society. According to Sahlins, if we take the formal accounts of economics that are roughly modeled on our own society and apply them to the 'primitive' societies that he studies as an anthropologist, then we must assume that, to the extent these societies do not make sense in terms of formal economics, they are either irrational or simply underdeveloped in comparison to our own society. His suggestion is that we consider exchange and economy as "a culturalist study that as a matter of principle does honor to different societies for what they are."[24]

Sahlins does precisely this in his own work. In his essay on "Exchange Value and Primitive Trade" he demonstrates how exchange between strangers [individuals from different tribes or distant families] relies on exchange values that are relatively fixed and an immediacy of reciprocity sensible to someone immersed in a modern market economy. However, as exchange is carried on between individuals who possess stronger social bonds, the exchange values begin to fluctuate wildly and the methods of reciprocity are

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22 I do not want my readers to believe that I am making a distinction between fact and value. Rather, I am describing intertwined discourses that make a distinction between an action and the way that action ought to have been carried out. Both of these descriptions are discursive productions.

23 Sahlins, Marshall. 1972. ***Stone Age Economics***. Chicago & New York: Aldine, Atherton, Inc. P. xi.

24 ***Ibid.*** P. xii.

postponed indefinitely. According to Sahlins "the material balance of reciprocity" depends on factors such as kinship, rank in society, general level of affluence and other social factors.[25]

When writing about economics, I am doing so in a sense akin to the substantive one described by Sahlins. However, I have a different emphasis. Sahlins provides us with a technical description of exchange, a model abstracted so that it makes sense to other like-minded scholars. His analysis would differ sharply from local descriptions unless, of course, local observers happened to be professionally-trained ethnographers like Sahlins. I am specifically interested in local discourses as they describe and legitimate exchange. The newspaper and magazine articles, television documentaries, testimony at the Krever Commission and other accounts of the tainted-blood scandal do double work. They produce descriptions of economy that explain how exchange took place in a given context and they also produce a moral economy that articulates the way that exchange ought to have taken place.

Moral economy refers specifically to the narratives that legitimate economic interaction within a particular domain. The moral aspect of economy refers to the fact that the narratives governing exchange tell us how we ought to exchange specific commodities and how we should not behave in regards to these exchanges.

In his essay, "The English Crowd in the 18th Century," E. P. Thompson argues that "grievances operated within a popular consensus as to what were legitimate and what were illegitimate practices in marketing, milling, baking, etc."[26] Moral economy is a discourse that legitimates critical actions.

Moral economies are constituted from relations of obligations and expectations. These expectations are, in a sense, things that are promised. For example, the promise of the gift of life is the obligation that the parties involved in the blood system will respect the gift of life and deliver it unscathed to the recipient. The promise and the obligation are

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25 *Ibid*. P. 279.

26 Thompson, E. P. "The English Crowd in the 18th Century." ***Past and Present***. Pp. 78-79.

central to moral life. Or, as Friedrich Nietzsche begins the second essay on "'Guilt,' 'Bad Conscience,' and the Like" in his ***Genealogy of Morals***: "To breed an animal *with the right to make promises*-is not this the paradoxical task that nature has set itself in the case of man? Is this not the real problem regarding man?"[27]

Moral economy is the principal conceptual tool that carries this narrative through from the early days of HIV infection to the sacrifice of the Canadian Red Cross. I also use a number of other related and derivative terms. One of these is the moral economy of expertise, which simply means the moral economic narratives that govern a particular community of expertise. Others include actual economy, descriptive economy, and moral history.

Actual economy and descriptive economy mean the same thing. They are interpretative tools that allow me to distinguish between two necessarily intertwined narratives. An outrage to moral economy implies that somehow the existent patterns of exchange have violated a series of moral precepts. Moral economy cannot be violated without an understanding on the actual state of affairs concerning exchange. The argument that moral economy has been violated rests upon a dissonance between these two discursive productions.

A narrative that captures the shifting tensions between these narratives of moral economy and actual or descriptive economy constitutes a moral history. This dissertation characterizes the shifting distinctions between twinned discourses on the way blood and its byproducts have been exchanged and the moral narratives that govern the way these products ought to have been exchanged. The grand narrative of the dissertation is a moral history.

Critics have argued that there is something disingenuous about moral economy.[28]

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[27] Nietzsche, Friedrich. [1887] 1989. ***The Birth of Tragedy and the Genealogy of Morals***. New York: Vintage Books. P. 57.

[28] Thompson, E. P. 1993. "Moral Economy Reviewed." in ***Customs in Common: Studies in Traditional Popular Culture.*** New York: The New Press. p. 349. Thompson cites several critics including Greenough, Paul R. "Indulgence and Abundance as Asian Peasant Values: a Bengali Case in Point", ***Journal of Asian Studies***, xlii, 4 (1983).

The language of obligations, duty and legitimacy, and in my case, of promise, are simply inappropriate. People did not speak or think about their actions in such language. Rather, they used expressions like "self-sufficiency," "the gift of life," "voluntarism," and "expertise" to justify their actions. This is true, but it is not sound basis for a critique of moral economy. This terminology is the vernacular of the social historian, and taking this distinction as grounds for a critique rests upon confusion "between the language(and cognitive structures) of the historical subject and of the academic interpreter."[29] A discursive account of moral and actual economy is not putting words in peoples' mouths, it is an interpretation, an attempt at translation from a past utterance into a sociological discourse.

The moral economies described in this dissertation are after-the-fact constructions. Some of these are articulated from source material that relates directly to the time periods in question. For example, when I discuss the centrality of narratives of voluntarism to the Canadian Red Cross, I rely heavily on an array of historical documents that stretch across the career of the Red Cross in Canada. I also rely heavily on testimony from the Krever Commission delivered in 1993. This testimony is used, at least at one level, to discuss a period ranging from 1980 to 1983. Of course this material does not articulate moral economies existing ten years previously. It is impossible to establish, from this material, precisely what legitimated peoples' actions concerning the distribution of blood and its byproducts during this period. Instead, I understand the moral economy articulated before the Krever Commission to be an account of how participants in the events of the early 1980s understood the motivations behind their actions in 1993.

Voluntarism

The most prominent of the promises made by the Canadian blood system was voluntarism. It speaks directly to the kind of subject that volunteers, that is, gives the gift of life. The promises of voluntarism go beyond the actual donation delivered. Voluntarism promises many returns to the donor. Voluntarism is a narrative that shapes

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[29] *Ibid.*

the day-to-day life of communities. The volunteer belongs to a greater whole variously defined through the kind of donation and the specific historical moment of the gift.

In the early 1980s, The Canadian Red Cross was the most visible institution involved in the blood system. Voluntarism played a prominent role in blood system discourse from this period, but this pedigree of voluntarism was older, stretching far back to the early days of the Red Cross in Canada. In 1919, just twenty-three years after the foundation of the Canadian Red Cross, Mary Macleod Moore begins her book, ***The Maple Leaf's Red Cross*** with these words: "The splendid voluntary service of rich and poor alike, in the cause of the sick and wounded, the prisoners of war, the soldiers in the trenches, and the civilians who suffered as war went on, has been the bright side of a world tragedy."[30] Mary Moore's book was one of the first of many encomiums to be written for Red Cross volunteers.[31] The substance of her book is twofold. It revolves around the efforts of Canadian volunteers in bringing relief to the victims of the First World War. It is also a listing of the material gifts donated by Canadians to the relief effort. These gifts ranged from hand knitted socks, mittens and blankets, to financial donations and truly prodigious quantities of maple syrup!

The gifts came from all over Canada:

> This generosity and enthusiasm was not confined to any section of the public, nor to any particular part of the country. It was universal. From the edge of the Atlantic to the shores of the Pacific, and away up to the far North where the Yukon Territory touches the Arctic Regions, people worked and saved for the Red Cross. They were of all ages, of all creeds. Many were very wealthy. Many were poor. It made no difference. All alike were rich in a zeal for helpfulness.

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30 Moore, M. Macleod. 1919. ***The Maple Leaf's Red Cross: The War Story of the Canadian Red Cross Overseas.*** London: Skeffington and Son, Ltd. Publishers to H.M. the King.

31 Cormack, Barbara Villy. 1960. ***The Red Cross Lady.*** Edmonton: The Institute of Applied Art, Ltd. And in 1939, ***The Queens Book of the Red Cross With a Message from HER MAJESTY THE QUEEN and Contributions by Fifty British Authors and Artists in Aid of The Lord Mayor of London's Fund for the Red Cross and the Order of St. John of Jerusalem.*** London: Hodder and Stoughton.

> The pair of socks made in the moments nibbled from a day packed with work and with care, was as much the outward and visible sign of a great love and longing for personal service as the cheque for thousands given by the wealthy man. The woman who knitted and the man who gave were kin, for they were sealed of the brotherhood of those who had offered their own sons for the cause, and now added what else they could to that great gift.[32]

This passage is thrilling as it captures the truly difficult character of the gift. The gift is selfless, or at least self-transcending. Giving is an act that takes an individual beyond their self. Giving thrusts the giver into an uncertain plain of existence, beyond the usual boundaries, potentially at risk from the consequences of their actions. As such, the value of the gift is incalculable. The giver can never be sure of the consequences of the gift for them or for the recipient. Giving, at least at the moment of the gift, is an event of incalculable consequences. This is most closely represented, or at least approximated, by Moore's reference to those who have given "their own sons." After all, it is often said that the value of a human life is incalculable.

The gift as a potentially dangerous sacrifice that takes an individual beyond the demands of the every day is repeated in a number of Red Cross stories. In ***Call 320: A Documentary Record of the 1950 Manitoba Flood and Red Cross Activities in the Disaster***, numerous stories are told of acts of selflessness. One featured story is that of Dorothy Pope, a driver for the Red Cross Blood Transfusion Service, who set out to perform a relatively routine act. She was to fetch an ill man from his farm to bring him into the local clinic for treatment. A mile-and-a-half from the farm, she discovered that a lake had formed from the flood waters released by a nearby collapsed dike. By two A.M. she had found a leaky rowboat. She rowed across his flooded fields and then waded back with the man in tow. The book reports that "Miss Pope's successful completion of her assignment was one of the many acts of individual heroism which passed almost unnoticed in the midst of disaster. She was one of the many Red Cross workers, staff and volunteer,

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[32] Moore, M. Macleod. 1919. P. 14.

who rose to the demands of the flood situation."[33]

Although blood donation may not initially seem as risky as sending a child to war or punting through raging flood waters, there is a certain element of fear associated with the practice. Not all individuals, especially the first time around, are comfortable with needles. Furthermore, blood donation does relieve us of what could be considered a substantial portion of our life-essence. The British comic Tony Hancock reminds us of this drain when he learns he is expected to donate a pint of blood. "A pint! Have you gone raving mad? Oh, well of course, you must be joking. . . I come here in all good faith to help me country. I wouldn't mind giving a reasonable amount, but a pint, well that's nearly an armful!"[34]

After the general public became aware that there was a problem with HIV and the blood system many individuals began to fear the likelihood of getting AIDS from donating blood, not just from receiving tainted blood donations. While this was not likely in Canada where the needles used for blood donations are discarded after one procedure, this was a reasonable fear. If needle sharing among IV drug users could infect multiple users with HIV then blood donation would certainly be fraught with similar possibilities.[35]

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[33] Canadian Red Cross Society. 1950. ***Call 320: A Documentary Record of the 1950 Manitoba Flood and Red Cross Activities in the Disaster***. Winnipeg, Canada: Hignell Printing Limited. P. 74.

[34] Hancock, Tony. 1988.

[35] Just such an infection has occurred in China. Roughly 43 % of the population of the village of Wenrou contracted HIV from donating blood. It is estimated that somewhere between 30,000 to 50,000 people, and some experts say as many as 100,000, may be infected from donating blood throughout China. This was the result of plasmapheresis. Blood is taken from the human body and plasma is removed, the remaining blood components are then returned to the donor. In Canada, plasmapheresis is performed on an individual basis and the remainder is returned immediately. The Chinese technique involved the donation of blood which was then collected in large pools. Plasma was then removed from the blood and the remainder, all mixed up, was returned from the patients. This pooling generated a set of circumstances much like needle sharing among IV drug users, or the collective pooling of blood for fractionation purposes utilized by North American producers of Factor VIII and Factor IX concentrate. Unfortunately, this pooling was deadly for donors as well as recipients. See McDonald, Joe. "AIDS crisis deepening, China admits." In the ***Globe and Mail***. Friday, August 24, 2001. P. A11.

Jacques Derrida refers to the ineffable nature of the gift as 'promise.' We never know the actual possibility of the gift. Rather, we make calculations on the promise of the gift as a presence that has not yet come into being. The gift as promise may be ahead of, or maybe outside of economy, but any gift will inevitably enter into an economy of exchange. A gift may be reciprocated, declined, valued. All one has to do is thank the giver and the gift has been reciprocated with a pleasantry.[36] This is even the case for a gift as near absolute and limitless as the gift of one's own son. Even the incalculable will be calculated. The son was given, but "for the cause" and to "seal the brotherhood."

Much of my exploration of the Canadian tainted-blood scandal follows a similar structure to the analysis of the above tension between the promises of the moral economy of the gift and the calculations made against the name of the gift. One promise that will be dissected in the following pages is that of solidarity. As Moore notes, whether it was a pair of socks or money, the donations of Canadians through the Red Cross served as a reminder of their Canadian kinship at a time of great international uncertainty. A brotherhood not of the immediate family, but of nation, and the mutual offering of their children to a cause united by service to Canada. This extended kinship claimed to bridge the contradictions between rich and poor, male and female, west and east, north and south.

Moore's story of solidarity enhanced by the gift is repeated in ***We Thy Servants: Ganton and Watson Red Cross Auxiliary, 1939-1967.*** Ganton and Watson are small communities in eastern Alberta by the Saskatchewan border. This book is dedicated to "the ladies of the Ganton and Watson Red Cross Auxiliary who gave so freely of their time and efforts during the War years 1939-1945; and many of whom are still working, twenty-two years later, 'to help to heal the wounds of all who suffer in the world.'"[37] This book tells the stories of the involved women of the auxiliary, their contributions to the war effort and many of their other beneficent acts.

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[36] From a roundtable discussion with Derrida cited in Caputo, John D. 1997. P. 142.

[37] Canadian Red Cross, Alberta Division. 1967. ***We Thy Servants: Ganton and Watson Red Cross Auxiliary, 1939-1967.*** Publisher unknown. P. 1.

Included in this book are letters from the recipients of these contributions. One is from a disabled British serviceman who received his knitted mittens twenty years late. The mittens were sent abroad for any soldier in 1943, but they were lost in transit. Twenty years later, the mittens found their way to a disabled veteran of the 2nd world war who noted the faded address in the mitten and wrote a belated thank-you letter to Mrs. Margaret Watson of Vermillion, Alberta.

Also covered in this book are testimonials from non-military sources such as the one from Kim Duc Chun of Korea who was an overseas foster-child. Every year the auxiliary sent sixty dollars to Kim. The most recently printed letter thanked the women for the money which allowed Kim's family to put a new roof over their heads.[38]

We Thy Servants begins with "A Prayer for Red Cross Workers:"

> Almighty God, who are afflicted in the afflictions of Thy people look, we pray Thee, upon us Thy Servants who are banded together under the banner of the Red Cross of human service. Touch our hearts with Thy pity, and our wills with Thy strength, that we may work as one body to help the suffering, to clothe the naked, to feed the hungry, so that by the ministration of our service we may help to heal the wounds of all who suffer in the world (War), through Jesus Christ our Lord. Amen.[39]

Under the banner of Red Cross service, the gift of assistance from these auxiliary members served to unite them as "one body." Primarily it was the war that brought these women in their "remote district" together. "Under the imminence of the Second World War . . . " They discovered that "in the big things of life we were as one, working as one body under the banner of the Red Cross."[40] According to D. E. Selte, these women were answering a call, heard throughout Canada, to war. Young men responded by enlisting as soldiers and the men left behind worked harder to compensate for the absent laborers.

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38 Canadian Red Cross, Alberta Division. 1967. ***We Thy Servants: Ganton and Watson Red Cross Auxiliary, 1939-1967.*** Publisher unknown. P. 34-35.

39 ***Ibid.*** P. 2.

40 ***Ibid.*** P. 3.

> So, what of the wives and mothers! Surely they must have a part to fill. Over the land groups of ladies were getting together, sewing and knitting to provide comforts for their boys; and in later months, helping to provide clothing for the hundred of refugees who had fled their homes... One day it was decided to call a meeting with the purpose of forming a working group. Many of these groups were being sponsored by the Red Cross. This National Organization was once again as active in this War as it had been during World War I.

The degree to which the kinship elaborated on in these books actually bridged the many contradictory identities that fell under the dominion of the nascent Canadian national community is unclear. My suspicion is that the involvement of the Red Cross probably had some impact on constructing a Canadian national identity writ large. However, the impact of the Red Cross was likely small and I suspect that it had little impact in many regions of Canada. Moore's claims, for example, are undoubtedly somewhat exaggerated. She is, however, one of the first authors writing on the Red Cross that I have found who outlines an idea of Canadian nation governed by the volunteer and the gift present throughout both world wars. The relationship between voluntarism, the gift, and national self-sufficiency were to become common elements in a growing discourse on the Canadian Red Cross, especially as the Red Cross began to develop the Canadian blood system.

The extended kinship among unseen strangers provided through voluntarism was a central theme of the participation of the Canadian Red Cross in the Second World War. However, the range of gifts had changed in the intervening years. The Red Cross now encouraged Canadians to donate blood to the war effort.

Canadian involvement in blood transfusions during wartime stretched at least as far back as the Spanish Civil War. Dr. Norman Bethune, a Canadian M.D. who volunteered during the Spanish Civil War, was one of the first doctors to administer transfusions on the battlefield. He was unfortunately hampered by the lack of refrigeration facilities. Whole blood and plasma went bad quickly without refrigeration and the plasma concentrate that was to be so important to battlefield surgery in the 2nd World War had not

yet been developed.[41]

The earliest involvement of the Canadian Red Cross in the blood industry was in early 1940 when it held its first blood drive at Toronto's Grace Hospital.[42] Just months later, Dr. Charles Best, with a startup grant from the Canadian military, began production of powdered plasma for the war effort at the University of Toronto's Connaught Laboratory. The military was thrilled with the success of the new product and asked the Canadian Red Cross to collect what Picard called the impractically large number of 2,000 donations weekly.

After the Second World War, blood donation was to continue as the Canadian Red Cross shifted the blood transfusion service into a domestic operation. The nationwide collection of blood donations by the Red Cross was in full swing by 1950 when Dr. Cecil Harris, the Provincial Medical Director of the Red Cross Transfusion Service in Manitoba, wrote a chapter called "The Flood and the Blood Bank" in the book ***C320***. Harris described the difficulties of the blood transfusion service in Winnipeg during the disastrous 1950 flood. The hospitals and Red Cross centers were terribly overcrowded and the need of blood for elective surgery had diminished since all elective surgery had been cancelled during the crisis. As a consequence, the blood service chose to cancel all blood drives during the flood, but this was not a problem as blood donation continued in other provinces and this blood served to meet the needs of Manitobans. After the crisis there was a rapid increase in consumption, but once clinics were resumed they were able to meet the increased need with little problem.[43] This collection of unpaid, voluntary donations was to increase throughout the years and, unlike many other nations where blood was often purchased such as the United States, was to constitute the only source of blood plasma for transfusions within Canada.

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41 Picard, André. 1995. P. 18.

42 ***Ibid***. P. 22.

43 Canadian Red Cross Society. 1950. ***Call 320: A Documentary Record of the 1950 Manitoba Flood and Red Cross Activities in the Disaster***. Winnipeg, Canada: Hignell Printing Limited. Pp. 75-77.

The donation of blood was to become the consummate gift, its name, the "Gift of Life." According to Marcel Mauss, among others, the gift is a form of exchange that promotes communal ties through the sharing of one's own self.[44] This is reflected in Mary Macleod Moore's story of one horizontally-bonded Canadian community united through the efforts of the Red Cross during the First World War. The exchange value of blood is particularly efficacious for such a purpose. Blood ties often refer to kinship relations, and the Canadian state was one brotherhood united by their shared blood. This was emphasized during the First World War and in the Second World War as well.

This sacrifice of blood and its concomitant discourse of national kinship continues today as evidenced by a recent article in the Globe and Mail on the Canadian northern boundary where James P. Delgado, executive director of the Vancouver Maritime Museum, was quoted as saying "Our northern frontier is ours thanks to the blood sacrifice the Arctic exacted from our explorers."[45]

During the Second World War and the years following, the gift of life was to become an official pattern of exchange at the Red Cross, modeled on the extended kinship ties portrayed by Moore in ***The Maple Leaf's Red Cross***, where she soliloquized on the brotherhood of fellow volunteers to the war effort, brought together by the gift of their children in the cause of national defense. This is exemplified in the organizational principles of the Red Cross which begin with the preservation of "a voluntary donor system."[46]

Later in this chapter I demonstrate that this voluntary donor system is central to much of the discourse that reflects back on the early days of the blood scandal. This period in the history of the Canadian blood system dating from the late-1970s to the mid-1980s was one of "business as usual." In actuality, something momentous occurred

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[44] Mauss, Marcel 1967. ***The Gift: Forms and Functions of Exchange in Archaic Society***. New York: W. W. Norton and Company Inc. P. 10.

[45] Brooke, James. ***New York Times***. 10/31/00 "Canadian Scientists Glower as U.S. Scientists Play in Frozen North."

[46] Perrault, R. A. 1990. P. xii.

during this brief epoch. HIV devastated the Canadian population of hemophiliacs, and that is why I am paying especial attention to this segment of the blood system's history. Calling it "business as usual" harkens back to the logic of scandal. This is the period where everything went wrong, but where a public reckoning had not yet been conceived. In this case, "business as usual" carries a critical tone. 'Business as usual' gestures towards the ways in which carrying on as usual left the blood system poorly suited to handle the dangerously uncertain advent of AIDS. "As usual" entails a comportment towards uncertainty and towards others, a calculation against poorly-kept institutional promises.[47]

The all-important gift relationship was central to the moment when blood entered the distribution system. One of the fundamental principles of the Canadian National Blood Programme is the preservation of voluntarism.[48] Voluntarism means that no donation of blood within Canada is allowed to interact directly with the market economy. Monetary recompense for the donation of blood to the Canadian Blood System is expressly forbidden.

Blood donation is a form of sharing. An individual gives of her or himself, both figuratively and literally. The donor shares bodily fluids, their life essence with neighbors and complete strangers as well. As such, one of the promises of blood donation is the creation of a bond between the many participants in the Blood Transfusion Service.

Here we see the uncanny complications inherent in Derrida's phrase, the impossibility of the gift. This impossibility refers to the nature of the gift as possessing value beyond calculation. Giving a gift gestures towards an incalculably-valuable promise in the very same sense as the claim that a human life is beyond value. Giving places the individual at risk. A gift is not truly a gift unless no return is expected. Giving is fundamentally selfless, yet all gifts eventually fall back into an economy of exchange as the gift is reciprocated, even if only for a smile or a thank you.

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[47] Uncertainty plays a central role in the upcoming chapter on the moral economy of expertise.

[48] Perrault, R. A. 1990. P. xii.

Blood donation is self-sacrifice. And, as a sacrifice, it inevitably collapses into calculation, or as Lewis Hyde puts it: blood "is neither bought or sold and it comes back forever." Hyde is of the opinion that blood's circulation through a voluntary blood system mirrors the economy of sacrifice when it is thought of as the gift of life.[49] As sacrifice, it inevitably loses its ineffable quality and returns some good to the sender. It creates a bond in service to the binding of community.

This language of community and kinship even attempts to reach across national boundaries to include all of humanity. Richard Titmuss writes in ***The Gift Relationship*** that:

> There is a bond that links all men and women in the world so closely and intimately that every difference of colour, religious belief and cultural heritage is insignificant beside it. Never varying in temperature more than five or six degrees, composed of 55 per cent water, the life stream of blood that runs in the veins of every member of the human race proves that the family of man is a reality.[50]

The "family of man" is an elusive dream, but no more than the unadulterated altruism that is promised by the gift. The gift is something apart from, yet part of the economy of blood. To understand the apparent contradiction, it might be helpful to ruminate over the distinction that John Caputo, following Derrida, makes between the *cadeau* or present and the gift. The French word *cadeau* is derived from *catena* or chain.[51] The metaphor of chain conjures up the ties of circular reciprocity that regulate the giving of presents in any society. We know that once we receive a present the appropriate thing to do is wait an appropriate time and then return a gift. Wedding gifts, for example, are expected to be returned in kind as it is a predominate, if fading, social norm to expect that every

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[49] Hyde, Lewis 1983. ***The Gift: The Erotic Life of Property.*** New York: Random House. P. 138.

[50] Titmuss, Richard. 1970. ***The Gift Relationship: From Human Blood to Social Policy.*** London: George Allen & Unwin. Ltd. P. 157.

[51] Caputo, John D. and Jacques Derrida. 1997. Deconstruction in a Nutshell: A Conversation with Jacques Derrida. New York: Fordham University Press. P. 144.

'upstanding' member of society will eventually become married. The exchange of presents during many Christmas celebrations is perhaps one of the more immediate reminders of this circularity as the exchange occurs over a brief period.

The gift is, according to Caputo and Derrida, impossible. This impossibility refers to the inherent corruption of the altruistic impulses motivating gift giving as it descends into the economy of the present. The moment that a gift is given, or even contemplated, the pure altruism that one expects of the gift fades. The gift becomes present, because the pleasure that accompanies giving the gift already implies an economic exchange, a return to the giver. Likewise, the thank you received from the receiver is a return, the initial moment of economy that begins to reciprocate, and annul the altruism of the gift. The gift then, "is our passion, our longing."[52] The giving of a gift allows us to surpass ourselves, yet its giving simultaneously returns us to the circular economy of reciprocity, yet one somehow widened from before.

To a certain extent, giving is a narcissistic act. But narcissism is not necessarily the same as selfishness. The gift reaffirms the self and in that sense it is narcissistic, but it does so by reaffirming the other. Derrida writes that:

> I believe that without a movement of narcissistic reappropriation, the relation to the other would be absolutely destroyed, it would be destroyed in advance. The relation to the other – even if it remains asymmetrical, open, without possible reappropriation – must trace a movement of reappropriation in the image of oneself for love to be possible, for example. Love is narcissistic.[53]

It is hardly surprising, then, that the donation of blood resonates so powerfully. When the donor is considered to be the bearer of a gift, all the force of the gift in relation to the other must be considered. The donation becomes a reaffirmation of the other. It is easy to see how the goodness or profoundly ethical nature of this affirmation of the other is a bond that can tie together such sodalities as community, nation, family.

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52 *Ibid.* P. 147.

53 Jacques Derrida cited in Caputo, John D. 1997. P. 149.

As for the nature of this bond, calculations made against the promise of the gift are hardly unique to the Canadian blood system. The ties of reciprocity produced by the gift have been analytical fodder for generations of anthropologists and sociologists. I begin with Marcel Mauss in his essay ***The Gift: Forms and Functions of Exchange in Archaic Society.***

According to Mauss:

> [One] gives away what is in reality a part of one's nature and substance, while to receive something is to receive a part of someone's spiritual essence... Whatever it is, food, possessions, women, children or ritual, it retains a magical and religious hold over the recipient. The thing given is not inert. It is alive and often personified, and strives to bring its original clan and homeland some equivalent to take its place.[54]

What Mauss delineates here in terms of 'clan and homeland' is the economy of the gift, described as the basic relationship tying together society.

More precisely, Mauss argued that exchange is an abstracted understanding of three fundamental social obligations: "giving, receiving, returning."[55] Out of these empirical facts were abstracted the secondary phenomenon of exchange. In his ***Introduction to the Work of Marcel Mauss***, Claude Lévi-Strauss argues differently. Lévi-Strauss refers to Mauss' discussion of the Maori conception of Hau in order to make his point. According to the Maori, Hau is the property that things possess which tie them to the giver and which necessitates the continued circulation of these objects, the magical and religious hold from the passage quoted above. Mauss takes Hau as the explanation that ties together the acts of giving, receiving and returning. For Mauss, exchange was a modern European term that functioned for him in the same way as did Hau for the Maori.

Lévi-Strauss claims that: "Hau is not the ultimate explanation for exchange; it is the conscious form whereby men of a given society, in which the problem had particular

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54 Mauss, Marcel 1967. ***The Gift: Forms and Functions of Exchange in Archaic Society***. New York: W. W. Norton and Company Inc. P. 10.

55 ***Ibid.***

importance, apprehended an unconscious necessity whose explanation lies elsewhere."[56] Lévi-Strauss' argument turns that of Mauss on its head.

According to Lévi-Strauss:

> Exchange is not a complex edifice built on the obligations of giving, receiving and returning, with the help of some emotional-mystic cement. It is a synthesis immediately given to, and given by, symbolic thought, which, in exchange as in any other form of communication, surmounts the contradiction inherent in it; that is the contradiction of perceiving things as elements of dialogue, in respect to self and others simultaneously, and destined by nature to pass from the one to the other. The fact that those things may be *the one's* or *the other's* represents a situation which is derivative from the initial relations aspect.[57]

For Lévi-Strauss, exchange was the primary empirical fact, a form of communication. Abstractions such as Hau, or giving, receiving and returning were simply explanations for the fundamental social fact of exchange.

Later interpretations of the gift further complicate this understanding of the gift as a form of communication. Figures such as Emmanuel Levinas and Jacques Derrida speak of the act of communication as a form of promise or gift. To communicate with another implies a future-oriented exchange where what is said beholds the speaker to a promise that the utterance is well intentioned. Well intentioned does not necessarily mean that the speaker has good intentions so much as the listener or reader can rely upon the speaker's voice or pen to convey the meaning of their intentions. This is even the case with lying. A falsehood relies on the understanding of the future-oriented promise of the word as the means to achieve underhanded ends.[58]

There is an additional element to this consideration of the gift as communication. Derrida not only speaks of the promise of communication, but also of the impossibility of communication, a concept that mirrors the impossibility of the gift inherent to the gift as

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[56] Lévi-Strauss, Claude. 1987. ***Introduction to the Work of Marcel Mauss***. London: Routledge. p. 48.

[57] ***Ibid***. P. 58.

[58] Caputo, John D. 1997. P. 22.

promise. The basis of honest communication may be one's trust that the speaker is well-intentioned, but this is complicated by the nature of language itself. Communication is not a simple exchange of ideas from one person to another implying that thoughts can be transferred clearly. It is not so much that clarity is nonexistent, but rather that clarity is a calculation based on the promise of well-intentioned utterances. Attempts at clarity will always fall short as we will always misunderstand, to some extent, the utterances of well-intentioned speakers and the well-intentioned speaker is the best we can ever hope for.[59]

Thinking about the gift of life in terms of the gift or promise of language leads one to the understanding that the donation of blood, just like language itself, is a communicative act. Implicit then, in the gift of life, are the kinds of promises that Derrida identifies with linguistic events. The 'gift of life' implies an actual promise that the blood donation will bring future life, or life to the future. The donation of blood is implicitly taken as a promise to the future. The specifics of this promise are incredibly profound as they reside in the transference of an actual part of one's body as the basis for the promise of future life. That the donation of blood is often called the gift of life is no accident. The significance of this expression goes far beyond that of a mere marketing campaign.

The voluntary nature of blood donation is possibly the most valorized principle within the written discourse of the Blood Transfusion Service. André Picard, one of the strongest critics of the Canadian blood system hopes in his book ***The Gift of Death*** that:

> [No] matter how the blood system changes, how ugly the turf battles get, and how outraged Canadians may be by the news out of the inquiry, that no one will stop giving blood. The soundest part of the structure of our

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[59] The impossibility of exact communication and the slippage of meaning inherent to communication is a theme that Derrida returns to repeatedly in his work. The meaning of communication is terribly mobile. As Gayatri Spivak puts it in her "translators preface" to Derrida's ***Of Grammatology***, "Derrida suggests that what opens the possibility of thought is not merely the question of being, but also the never-annulled difference from 'the completely other.' Such is the strange 'being' of the sign: half of it always 'not there' and the other half always 'not that.' The structure of the sign is determined by the trace or track of that other which is forever absent. This other is of course never to be found in its full being. As even such empirical events as answering a child's question or consulting the dictionary proclaim, one sign leads to another and so on indefinitely." See Derrida, Jacques. 1976. ***Of Grammatology.*** Baltimore, Maryland: John Hopkins University Press. P. xvii.

> muddled, bureaucratic blood system, the one element that must be retained, is its foundation, the selfless generosity of those who give the gift of life.[60]

Picard is deeply critical of the blood system, and of some of the many misuses or miscalculations of voluntarism. Nevertheless, he believes voluntarism to be essential if the blood system is to be maintained in the future.

I mention Picard mostly because he so often voiced an outsider's opinion on issues concerning the Canadian blood system. As a journalist for the Toronto-based national newspaper ***The Globe and Mail***, he was one of the first nationally-respected journalists to break the story of the tainted-blood scandal. Picard's first newspaper articles signal the moment where the economy of blood exchange moved from the relatively confined arena of the Canadian blood system to the public sphere, the first hints of scandal.

Picard's stance on the importance of voluntarism was hardly unique. Among the witnesses at the Krever commission there was an almost universal respect for the practice of voluntary blood donation.

When asked about the relationship between altruism, blood donation and safety, Dr. Alexander Macpherson, the Medical Officer of Health for the City of Toronto from 1981 to 1988 replied that:

> That statement was based on certainly the Red Cross' view and our own view, based on longstanding work by Titmuss that you may have heard about here before, which actually empirically studied different countries and the payment or non-payment for blood. It quite clearly established that the more you paid for blood, the greater the incentive to misrepresent its quality. One even found a high rate of transfusion reactions in Russia, as I recall, from the Titmuss Report because you got a half day off for giving blood in Russia, so that at that time if you were feeling ill, you gave some blood and got the time off to recuperate. As a general principle, I think I am still of the view that paying for blood is a way to increase transfusion reactions and not paying for blood is a way not to have transfusion reactions. So that it was a general principle that because the gift of blood is altruistic, people who knew they were ill or infected would be less likely to

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[60] Picard, André. 1995. P. 5.

give it.[61]

Dr. Macpherson was far from alone in his support of a voluntaristic blood system. The connection between voluntaristic donation and blood safety was a commonly-held understanding for most of the representatives of the blood system who testified at the blood inquiry. This fascination with a voluntaristic source of blood donations is reinforced by the arguments of Richard Titmuss in his book ***The Gift Relationship: From Human Blood to Social Policy,*** first published in 1970. The Titmuss study was referred to a number of times in the transcripts of the Krever Commission as of primary importance in the argument for a voluntary donation policy.[62] Dr. Allan Powell, president of the Hepatitis C Survivors Society, even referred to the Titmuss book as "... the Bible of the blood transfusion service."[63] This book is a comparative study, primarily between the blood systems of the United States and England and Wales with references made to other nations such as the Soviet Union and Japan. Titmuss found that the presence of a money market in blood corresponded to escalated levels of blood-borne infections among recipients of blood donations. Nations with a voluntary-based blood system had lower rates of infection. According to Titmuss:

Three broad conclusions have emerged from the material so far presented.

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61 Krever, The Honourable Justice Horace. ***Verbatim Transcripts Of Commission of Inquiry on the Blood System in Canada. February 14, 1994 - December 17, 1996.*** Vol. 19. P. 3479. From here on the transcripts will be called ***KIT*** for Krever Inquiry Transcripts.

62 The Titmuss book is cited in the introduction to Perrault, R. A. 1990. ***The Canadian Red Cross Blood Programme From 1974 to 1990: A Report to the Canadian Hematology Society.*** Ottawa: Canadian Red Cross Society. P. ii. Here, Titmuss is not used in support of an argument for voluntarism, even though voluntarism is a central theme to this document. Rather, Dr. Perrault quotes Titmuss as saying that "we need to remember that we cannot understand the part unless we also understand the whole. Society has to be studied in the individual and the individual in society." Perrault uses the Titmuss quotation to support the scope of his report which "has been written with the understanding that the provision of blood services in a given country has to be analyzed within the overall framework of that country's health care system and traditions."

63 ***Ibid.*** Vol. 212. P. 44627.

> The first is that a private market in blood entails, much greater risks to the recipient of disease, chronic disability and death. Second, a private market in blood is potentially more dangerous to the health of donors. Third, a private market in blood products, in the long run [produces] greater shortages of blood... These are some of the consequences and some of the social costs involved in applying the values of the marketplace to human blood.[64]

Titmuss argued that blood that has been donated as a gift is safer than blood donated for monetary recompense because information about the quality or safety of the blood may be withheld when there is a market value placed on the blood. In his book he constructed a typology of donors. In his definition of the paid donor, he referred to a host of studies that indicated higher levels of hepatitis among paid blood donors. These studies all concluded that paid donors are less trustworthy than gift donors because it is in the financial interest of paid donors to lie about their medical histories and their membership in high-risk groups, such as IV drug users.[65]

The contrasting safety of paid versus given blood donations described by Titmuss was and continues to be a prominent discursive product of the Canadian blood system. For example, before the Krever Commission, Dr. Roslyn Herst, the chairwoman of the Canadian Hemophiliac Societies' Medical and Scientific Advisory Committee and the

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[64] Titmuss, Richard. 1970. P. 157. In part, this passage was also quoted by Dr. Allan Powell.

[65] ***Ibid***. P. 76-77. Titmuss cites several studies, all of which come to fairly congruent conclusions concerning the relative safety of gift donors versus paid donors. These studies all make similar observations about the financial reward of donation encouraging some donors to lie about their medical conditions and whether or not they engage in dangerous practices that could potentially lead to an infections such as IV drug use. The Titmuss book and all these studies were conducted well before the HIV scare and mostly mention IV drug use as the most common factor in tainting blood. These studies include: ***Hepatitis Surveillance***, National Communicable Disease Center, Report 27, September 30, 1967, U.S. Public Health Service; Norris, R. F. et al., "Recent Status of Hepatic Function Tests in Detection of Carriers of Viral Hepatitis', ***Transfusion***, Vol. 3, 1963. Del Prete, F., ***A Study of the IP Factor in Blood Donors*** (Presented to the Sixth Annual Meeting of the South Central Association of Blood Banks, Oklahoma City, march 1964); Dice, R. E., "Paid Donor Programs", ***Proc. A.M.A. Conference on Blood And Blood Banking***, Chicago, 1964.

deputy medical director of the Toronto branch of the Red Cross explained her objections to the payment of donors, a practice that is considered unacceptable in Canada:

> Perhaps I will start by answering what are the objections to paying a donor. The feeling is in all developed countries that a volunteer donor is a safer donor than a paid donor. Why? Because if someone stands to gain materially from the act of donation, they may not be entirely truthful in the details of the health history or the risk history that they give prior to donation.
>
> Some studies in the past bear that out in terms of monitoring infectious disease markers in two types of population. There is higher incidence of hepatitis markers and sexually transmitted disease markers in a paid donor population.
>
> The volunteer stands nothing to gain. The main reason they volunteer their blood is to do good. They would not knowingly do harm, if they understood the process.[66]

Dr. Herst begins with the quite reasonable assumption that financial remuneration may encourage individuals to lie about their present medical condition as well as their risk and health histories. She follows this with a scientific statement of fact, one that is considered fairly noncontroversial. Then she jumps to the claim that the altruism of the gift implies a purity of knowledge as much as of heart and blood. The donation here expressly links knowledge and safety to the ethical purity of the gift. We are reminded of the promise of the gift when Dr. Herst tells us that "the volunteer stands nothing to gain." We are also reminded of the communicative aspect of gift giving when Dr. Herst informs us that the donation of blood has a meaning. According to Dr. Herst, "the main reason they volunteer their blood is to do good." This is what is communicated to Dr. Herst through the medium of the gift of life. The donor here has been fetishized, it has become a 'good thing'. This passage from the transcripts of the public inquiry into tainted blood indicates that Herst attaches a significant meaning to the utterance, that is donation, of Canadian volunteers. She interprets donation, loud and clear, as a statement of goodness, of doing

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[66] *KIT*. Vol. 3. P. 467.

good.

But were acts of donation really intended as expressions of goodness, or could they have had other meanings? Other discourses on blood donation would suggest that Dr Herst did not adequately characterize the reasons some people donated. Since the blood scandal broke, a wide variety of explanations have surfaced for donating blood. The most common explanations mirror that of Dr. Roslyn Herst for whom the origins of the voluntaristic impulse lie in the goodness of the Canadian volunteer. However, altruism is an explanation that only scratches the surface of a widely-practiced phenomenon.

One of the peculiarities of the act of blood donation lies with the explanations for the motives of donors. At first, explanations like those of Dr. Herst will only seem to focus on the altruistic impulses of the donor. Dig deeper however, and these explanations will multiply until they begin to represent something complex enough to pass for real emotions and desires. What is the explanation for this simplification of motive? In part, the appeal of voluntarism lies in the belief that the volunteer is giving freely of themselves to another. These transferences of bodily fluids from one individual to another creates a bond among individual citizens imagined as equals. As one witness at the Krever Inquiry put it:

> We find that the communities, the small cities and towns, have made blood donation a very regular part of their community life... there's an attitude to voluntarism, to helping your neighbor that to some extent has been lost in big cities.[67]

This observation was hardly unique. It was often suggested that voluntarism formed the basis of a binding relationship between donor and recipient and other donors as well. This continues into the present, as the headline of a multiple-paged advertising supplement published in the Globe and Mail by the new Canadian Blood Services reminds us: "We're all related by blood."[68]

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[68] "We're all related by blood." ***The Globe and Mail.*** Saturday, November 22nd, 1997. Section E. p. 1.

Donating blood allows individuals to fit in to mainstream society. With a donation an individual feels that they are contributing to a greater community. In ***And The Band Played On***, Randy Shilts' monumental history of the early years of AIDS in the United States, he demonstrates that although many gay men gave blood for altruistic purposes, they also gave blood because it allowed them to fit into a broader community of blood donors. Gay men are really not all that different because they contribute meaningfully to society in the same ways as heterosexuals went the reasoning. They were often thought of as very civic-minded.[69]

A Canadian case documented by André Picard involved the active recruitment of gay men for blood drives by the Canadian and American Red Cross societies. Blood with Hepatitis B antibodies was needed for the development of a Hep. B. vaccine. Gay men were known to be a socially conscious group that also had a high incidence of the desired Hep. B antibodies. Shilts and Picard argue that after these initial recruitment drives many gay men simply fell into the habit of donating blood.[70] That the gift was habitual, however, does not imply that it was not motivated by altruism. One's goodness can certainly be expressed using habitual means.

Many people donated blood for less altruistic reasons. For example, people often donated blood because their circle of acquaintances expected them to donate. Many labor organizations and community groups donate blood, and anybody who chose not to donate would be considered a bit of a nonconformist, not quite the team player. Many of the accounts of blood donation described by André Picard in ***The Gift of Death*** involve people donating their blood as part of a work-related or sports-related blood drive. In fact, one of the earliest known cases of contaminated blood donation in Canada is that of Mr. L, who donated his blood as part of a hockey team formed by his fellow employees at an automobile assembly line in Oshawa.[71]

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69 Shilts, Randy. 1987. Pp. 15 & 222. And Picard, André. 1995. P. 76.

70 Picard, André. 1995. P. 76.

71 *Ibid.* P. 8.

Numerous accounts exist of gay men who donated blood in spite of warnings not to donate, rather than risk being outed to their fellow employees as a homosexual.[72] Alderman Michael Phair, who was an openly gay member of the Edmonton City Council during the early 1980's and at the time of the inquiry observed that:

> One of the significant ways that blood donations at that time were being done was to encourage major work groups to go kind of *en masse*, either to the Red Cross itself or the Red Cross would set up their facility in a workplace at a particular day and time so that everyone who worked there could go. One of our concerns, and I clearly remember talking with Dr. Jewell as well as other people, that when you have a work setting like that where everyone goes and gives blood, you are very likely going to see that men who are gay will be part of that same group going in and giving blood and coming right back out like everyone else. That was an expected work norm; it was the way to do it. They didn't want to be recognized as possibly someone who was gay or homosexual. And I think in the workplace that was among the greatest fears in this province. There is no protection if you're gay or lesbian, and people are terrified in their workplace of being identified... We have had people who have lost their job in Alberta because they were gay or lesbian.[73]

Legislation – or its absence in the case of laws protecting the interests of gay men – that had very little ostensibly to do with the blood system, often had tremendous impact on the donation process. The complex moral decisions that assailed gay men donating from a workplace tainted by a climate of homophobia shared little with the simple characterizations of the good volunteer just taking a little time out from work to do a good deed. Voluntarism is quite likely a strong preventative against donation from people who only donate out of fiscal self-interest. Because of this, volunteer blood was safer than bought blood, but it clearly was not safe enough as voluntarism did not prevent members of some high risk groups from donating.

In ***The Gift Relationship***, Titmuss describes a host of qualities attributed to the non-paid donor. One of these is that "there are no personal, predictable penalties for not

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72 ***KIT.*** Vol. 3. P. 458.

73 ***Ibid.*** Vol. 34. P. 6811.

giving: no socially enforced sanctions of remorse, shame or guilt." One of the conditions if these attributes were to hold is the assumption "that the gift is a voluntary, altruistic act."[74] It is clear from the infection of hemophiliacs from blood donated in situations where the autonomy or voluntaristic impulse was not necessarily the motivating factor in donation that we cannot safely make these assumptions of a non paid donation system like the one in Canada.

Here we see an extreme case of what Caputo and Derrida referred to as the slippage from gift to present. What may appear as a gift on the part of these closeted gay men was, in actuality, violently wrenched away from them. Their 'gift of life' is injected into the economy of blood without their consent These donations bear no resemblance whatsoever to a gift since these donations do not allow these men the opportunity to transcend themselves, as the donation procedure distances these men from the personal agency necessary to give a gift in the first place. The donation reinforces the stereotypical gay identity which these men must hide in order to maintain their employment.

This is an instance of the violent remainder of naming. If community is to be understood as good, then the naming of the good must ignore those individuals that do not coincide with the preordained goodness. Voluntarism then, is a form of legerdemain. All of these individuals are seen as "good" by individuals such as Roslyn Herst, yet this emphasis on goodness directs our attention away from motivations ranging from habit to the fear of reprisal.

One could question why these men chose to make these donations considering the potentially fatal consequences. Would not it have been better for them to have come up with some excuse or simply brave the possibility of job loss? This question could only be asked if one failed to recognize the shoddy state of AIDS education in the early 1980s. Most of the men Michael Phair described in his testimony were unlikely to understand the full consequences of donation at this juncture. As one man put it,

There were many signs of homophobia among those authorities, and there

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[74] Titmuss, Richard. 1970. ***The Gift Relationship: From Human Blood to Social Policy***. London: George Allen & Unwin. Ltd. P. 74.

> was no effort from those authorities, that we were aware of, to consult with our community about what they could learn from us. So there was no reason to trust those authorities for making good decisions, and that we should be involved necessarily in supporting or furthering the decisions those authorities had made, because we had no connection with those decisions and had no way of judging their wisdom.[75]

By way of an explanation for the political deadlock on AIDS education during this crucial window of time, the epidemiologist Dr. Colin Soskolne recalls:

> I was very involved in the media work, certainly from 1983 through 1988, extensively involved in the media, and I know that from the questions that were raised through telephone -- through call-in programs, that -- and through discussions with people within LCDC, that the way the Minister responds to information, or to concerns raised from the public sector, is to weigh the weight of evidence -- although the weight of argument that is presented to him through letter writing campaigns, and I also know factually through people who were engaged in such campaigns, that the religious right -- or religious left -- I am not sure which -- I suppose the religious right were often, certainly in Southern Alberta, engaged in letter writing campaigns to the provincial ministry as well as to their federal counterparts, to say "This is God's retribution; this is something where money should not be allocated." They think it is entirely inappropriate, and that this, I believe, firmly through the grapevine as I learned it in those days, as causing delays in decisions being made. And I would have much preferred to see at that time, that market researchers and public pollsters go out and assess public opinion, rather than delay the kinds of decisions that we were recommending from happening on the basis of the weight of paper that comes in for or against a particular concern.[76]

The climate of fear and distrust was such among gay men that the capacity to balance the aforementioned decisions with full knowledge of the consequences was simply nigh impossible, especially given the weight of interests that countered any moves towards effective AIDS education.

If one is to take the belief of Titmuss and others that volunteered blood is safer

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75 ***KIT***. Vol. 62. P. 13272.

76 ***Ibid***. Vol. 115. P. 24497.

than purchased blood, then basing a blood system on volunteer donations is an eminently sensible practice. However, those making blood policy decisions should be aware of the promises that are made by a voluntary donor system and of the potential for these promises, as in the case of the Canadian blood system, to bind them to narratives that may undermine the very premises they guarantee.

The gift of life is an attractive slogan, but it is also far more. Embedded throughout much of the Krever Inquiry testimony was a discourse on the "gift of life", a moral economy of voluntarism, or a set of assumptions about the autonomous and virtuous character of those who donate. When this understanding of the moral economy of voluntarism is taken into account with the many descriptions of a climate of homophobia that disallowed gay men the autonomy to decide whether or not to donate voluntarily their blood, and forced them instead to donate rather than to out themselves, then we have a recipe for disaster.

Self-sufficiency

The idea that "we are all related by blood" speaks to an affinity formed through the bonds of blood donation. One of the most common narratives of solidarity that I identified through an examination of blood system discourse centered around an idea of the Canadian blood system as nationally self-sufficient.[77] The principal guarantee of self-sufficiency violated by the blood system was the promise that self-sufficiency would deliver the gift of life through a command and control policy that managed the safety of the blood product from donation to delivery. The idea being that the maximum degree of safety could be guaranteed by oversight of the entire process rather than allowing groups outside the control of the blood system to control any steps of the process. Unfortunately, self-sufficiency was often calculated in such a way that the promise of the gift of life went undelivered.

The narrative of self-sufficiency is of essential importance to the Canadian blood

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[77] "We're all related by blood." ***The Globe and Mail.*** Saturday, November 22nd, 1997. Section E. P. 1.

system as it delimits boundaries and borders between Canada and other nations involved in the processing and distribution of blood and its byproducts. In this section, I outline the promises of self-sufficiency, at least as they were understood and related by those at the Krever Inquiry. I then outline how these multiple interpretations of self-sufficiency legitimated decisions concerning the movement of blood and its byproducts through the Blood Transfusion Service in terms of every day decision-making, terms that were at times to deliver forms of solidarity unsuited to the promise of the gift of life. I focus on two such uses of self-sufficiency. The first was the collaborative ability of self-sufficiency to support mistaken beliefs about the voluntaristic qualities of blood donation in Canada. I argue that this belief in voluntarism suggests the belief in a kind of national identity, the Canadian blood donor as a wholly autonomous being.

Self-sufficiency was also used to explain or criticize support for inefficient Canadian production facilities, thus serving local financial interests rather than the promotion of a knowledge and control-oriented system of blood management. Self-sufficiency overlaps and is in turn supported by the economy of the gift, but, as an argument about specifically legitimated forms of solidarity, its promissory orientation is somewhat distinct. Like the gift economy described in the preceding chapter, the moral economy of self-sufficiency promises the gift of life and safety, but its primary focus is on control of the blood supply. This control is often played off against specific claims about economic efficiency and production capacity. Self-sufficiency legitimates, yet is also determined by these arguments which in turn articulate boundaries between the Canadian blood supply and the blood products of other nations.

In order to understand how the term 'self-sufficiency' serves to delineate between blood and blood products that fall within and without the purview of the Canadian blood system, I explain how it was understood as an argument for the construction of borders and boundaries between nation states through the everyday activities of the blood system. The anthropologist Michael Kearney distinguishes between boundaries as officially legitimated lines of demarcation and borders as "geographic and cultural zones or spaces, i.e., 'border areas,' which can vary independently of formal boundaries. The boundary is

essentially an officially legitimated border.

Boundaries and borders both serve to regulate the flow of blood and its byproducts. They do so by determining the identity of a person or commodity through assigning them names such as Canadian-sourced plasma or a whole variety of alien identities, as well as mapping out a geographic region over which the state can exercise legitimate forms of control over these products.

Perhaps the most comprehensive definition of "self-sufficiency" to be found in the transcript of the Krever Inquiry is that provided by William Charles Dobson, then the director of the Canadian Blood Agency:

> Q. ... national self-sufficiency in blood and plasma collections should be encouraged. What does the Canadian Blood Agency understand this principle to really state?
> A. Self-sufficiency is a word that can attract a number of meanings, and people can have different opinions on this. We viewed self-sufficiency as having a step-like function. We can be self-sufficient in the collection of our own plasma, have all of our own resources, and fractionate our material elsewhere. That is one level of self-sufficiency. Equally, if you wanted to go still further, we can have self-sufficiency also defined as not only the recruitment and collection of our raw material but the fractionation of that raw material in Canada. It depends on what your policy goals are. What we have traditionally followed is the requirement that all of our fractionated products should be made from Canadian-sourced plasma. It has not been that they should be manufactured in Canada[78].

The Canadian Blood Agency is the organization that took over for the Canadian Blood Service in 1991. It was founded by the Ministers of Health in the provinces and territories in order to direct and coordinate the various elements of the National Blood Programme in accordance with the principles set down by the Ministers of Health.

Mr. Dobson lays out a range of interpretations for "self-sufficiency." There is "self-sufficiency" in terms of plasma production and "self-sufficiency" in terms of fractionation. His definition serves as an objective overview, the disinterested pose of a

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[78] *KIT* Vol. 21. P.. 4001

government agency. The best kind of plasma is not specified. Rather, he delineates the possible continuum of acceptable plasma under the umbrella of the Canadian state. I gather that although he is fairly catholic in his definition, he believes the economy of self-sufficiency ought to guarantee that blood products be made from Canadian-sourced plasma but should not have to be manufactured in Canada. This is inferred from the use of his word "traditional" which refers to a standardized practice, one that would be violated by the purchase of blood products made from foreign plasma.

Mr. Dobson's argument can be interpreted through the lens of Kearney's discussion of borders and boundaries in the following way: Mr. Dobson articulates a variety of possible borders between acceptable and unacceptable blood products. Unacceptable blood products are those fractionated from non-Canadian-sourced plasma. These products would violate the Canadian boundary space delimited by the principle of self-sufficiency.

Another definition is that of Mr. Douglas Lindores, the Secretary General of the Canadian Red Cross Society and the Chief Executive Officer of the corporation who argued that the purchase of Factor IX concentrate from an Austrian corporation endangered the lives of hemophiliacs:

> When we -- as we currently have to do because we are not self-sufficient in plasma, when we have to go abroad to buy finished fractionated product, for example, the fact is that we cannot trace the product back through to its ultimate source. The most obvious example of this took place last fall on the factor IX incident. We were purchasing factor IX from a company in Austria. That company's processes and manufacturing processes proved to be beyond question, but they in turn had been purchasing plasma from the famous UB plasma organization in Germany which had been discovered by health officials in Germany to have been short-cutting on the testing process.
> So, it is very clear that it is not just that the regulations may be different; it's to be able to maintain a regular supervisory monetary control function within your own country over all of those processes.[79]

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[79] *Ibid.* VOL 2. P. 347.

This passage from Mr. Lindores describes the way that blood products were sourced, an actual economy of blood and a description of how self-sufficiency had been articulated. This passage also relies upon a notion of the moral economy of self-sufficiency. Self-sufficiency, according to Mr. Lindores, ought to be defined such that we can "trace the product back to its original source." The promise of self-sufficiency is a guarantee of a "regular supervisory monetary control function within your own country over all of those processes."

Mr. Lindores argues that the violation of the self-sufficiency principle endangered hemophiliacs because the Canadian Red Cross had no control over the sourcing and the processing of factor IX concentrate. This argument rests upon a formal boundary between Canada and Austria. This national difference is articulated in terms of the Red Cross's potentially dangerous lack of control over Austrian and German blood collection and fractionation. Mr. Lindores' testimony tags blood and its byproducts with their national origins. Any product with a provenance from outside the blood system's control also falls outside the national boundaries of the Canadian state.

Mr. Lindores gives a number of reasons for supporting self-sufficiency based on Canadian-sourced plasma in his testimony before the Krever Commission, all of which come back to the safety of the blood system. His third reason mostly repeats the sense of the earlier quotation:

> When we -- as we currently have to do because we are not self-sufficient in plasma, when we have to go abroad to buy finished fractionated product, for example, the fact is that we cannot trace the product back through to its ultimate source.[80]

Lindores gives his second reason as: "To the extent that we are self-sufficient nationally, we are able to track through our own systems and control the procedures that apply to the donor recruitment, screening, collection process, all the way through."[81] This is essentially the command and control argument. It is Mr. Lindores' first reason which is troubling,

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[80] *Ibid.* Vol. 2. P. 346.

[81] *Ibid.*

especially in light of my analysis of counter-discourses of voluntarism in the preceding chapter. Mr. Lindores claims that "Canada has a voluntary system. Based on the comments I previously made, it is evident that a volunteer donor is safer than a paid donor."[82] These arguments were that:

> The international research would clearly indicate that the safest possible donor is a donor who is a volunteer and with whom you have been in contact for an extended period of time; i.e. a repeat and regular blood donor. When you move away from voluntary blood donations, you enter into an area where there is a whole different series of motivational -- basically, different potential motivation, which is pure financial, need for a donation of blood.[83]

Mr Lindores was hardly the only one to tie the effectiveness of self-sufficiency as a safety policy to a Canadian policy of volunteer blood donations. Dr. Tom Bowen who was acting Medical Directory and then Medical Director–during the period of January of 1981 to November of 1985--of the Calgary Blood Transfusion Service was asked before the inquiry: "Was it your understanding in the spring of 1983 that the recommendation for increased Canadian self-sufficiency for plasma and plasma products was based on a belief that the voluntary donor system produced a less dangerous product?" He responded "Yes, overall a less dangerous product. Any volunteer system would do so."[84] This sentiment was repeated throughout the transcripts of the Krever Commission. The predominant discourse from within the blood system was that self-sufficiency and voluntarism were complementary principles. Self-sufficiency would force Canadians to rely upon Canadian-sourced plasma and Canadian-sourced plasma was understood by many to have been donated voluntarily.

This is further exemplified by the testimony of Antonia Jennifer Swann, the partner of severe, type A hemophiliac, James Rudolph Kreppner. She introduces us to the term

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82 *Ibid.*

83 *Ibid.* P. 344.

84 *Ibid.* Vol. 40. P. 7957.

Canadian-sourced plasma. Most commonly, this kind of blood is thought of as good blood. Ms. Swann testified that:

> Given the state of knowledge at the time, the Ontario government should have stopped fixating on the inefficient Connaught Laboratories, as I mentioned earlier. I believe this was done in order to gain votes by increasing employment under the guise of making us self-sufficient in fractionation.
> There is no point in being self-sufficient in fractionation; the point is that we want a safe blood supply. The point is that we must distinguish between self-sufficiency in fractionation and self-sufficiency in Canadian-sourced plasma which is understood to be safer. If you can't fractionate efficiently, send it to someone who can fractionate instead of wasting all that Canadian blood, which is what I believe happened.[85]

Ms. Swann suggests that the principle of self-sufficiency was misused in respect to Connaught laboratories. However, she does not question the principle that Canadian blood is safer, rather she suggests that Canadian-sourced plasma should be fractionated in the United States. Like Mr. Lindores, she refers to the same legitimated boundaries of north and south as Mr. Lindores in order to make her claim, but her understanding is that the unofficial borders between the U.S. and Canada ought to be drawn differently. What distinguished Canadian blood from American blood is her belief that Canadian blood and plasma were safer, and safety and efficiency ought to be the final arbiter in any decisions concerning the appropriate fractionation facilities rather than any misguided loyalties towards inefficient and unsafe Canadian corporations.

Dobson, Swann and Lindores all point to the safety of Canadian-sourced blood products as the reasoning behind maintaining a principle of self-sufficiency. This safety is propped up by the belief that those who donated blood to the Canadian blood system did so voluntarily. This belief is made possible by the abstract quality of blood donation as a gift.

When writing about the gift, Marcel Mauss mostly focused on pre-modern

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[85] *Ibid.* Vol. 21. P. 4001.

societies where one directly presented a gift to another individual. His analysis, with very few exceptions, was not extended to contemporary social forms. In a society where the number of intermediaries between individuals has been multiplied drastically, where it is common for an individual not to know their neighbor, the gift may function anonymously. Maurice Godelier argues that in a contemporary setting, particularly in instances of voluntarism and charity, "it is no longer possible to give to someone you know, and even less so, to expect anything other than impersonal gratitude. The giving of gifts has become an act that creates a bond between abstract subjects."[86] I will follow Godelier in my analysis of the Canadian blood system, beginning with the Canadian abstracted equivalent of 'clan and homeland,' Canadian identity.

When I write of national identity, I do so in terms of the "imaginary communities" described by Benedict Anderson[87], Arjun Appadurai[88] and others in their discussions of nationalism, the shared idea of a bonded group that identifies under some rubric such as the state, an ethnicity, a town or a neighborhood. Appadurai writes that "it is the imagination, in its collective forms, that creates ideas of neighborhood and nationhood, of moral economies and unjust rule, of higher wages and foreign labor prospects. The imagination is today a staging ground for action."[89]

Sociologists and political theorists often consider communal ideals such as statehood, religions or neighborhoods to be stabilizing forces.[90] The purpose of national identity and other forms of solidarity is self-preservation, or the maintenance of a social

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[86] Godelier, Maurice. 1999. ***The Enigma of the Gift***. Chicago: The University of Chicago Press. P. 5.

[87] Anderson, Benedict. 1991. ***Imagined Communities: Reflections on the Origin and Spread of Nationalism.*** London: Verso. P. 6.

[88] Appadurai, Arjun. 1996. ***Modernity At Large: Cultural Dimensions of Capitalism.*** University of Minnesota Press: Minneapolis.

[89] ***Ibid***. P. 31.

[90] See Pateman, Carole. 1970. ***Participation and Democratic Theory.*** Cambridge: Cambridge University Press; Schumpeter, Joseph. 1950. ***Capitalism, Socialism and Democracy.*** New York: Harper and Brothers Publishers.

order. For example, the belief that all Canadian blood donors made the decision to volunteer with full autonomy is linked to an image of Canada as a location where wholly autonomous beings were allowed to exercise their virtuous impulses towards their fellow Canadians freely. This mistaken conflation of complex emotions and restrictions into an idealistic unity of volunteers was to have disastrous consequences.

A passage from ***The Canadian Red Cross Blood Programme From 1974 to 1990: A Report to the Canadian Hematology Society*** is one of the textual sources that lead me to focus on the assumption that Canadians are autonomous beings, and the valuation of blood exchange. Within this passage, the phrase "integrated provision of blood and plasma for the preparation of components and fractions within the form of a National Blood Programme" identifies Canada as the region of central importance to the symbolic and material exchange of blood products.[91] This is the same passage where the Federal Health Ministers identify "self-sufficiency" as one of the guiding principles of the Canadian blood system.

This passage indicates that blood exchange is regulated by a National Blood Programme and that the National Blood Programme must adhere to a principle of self-sufficiency. This 'national' distinguishes the National Blood Programme from the provincial health care systems. 'National' indicates that the voluntary donation of blood promotes an idea of a national identity through the sharing of blood freely donated as designated by the principle of voluntarism, an idea of the Canadian nation state in its geographic, provincially-inclusive entirety. This presence of being Canadian is what is returned to the donor of blood, what is reciprocated.[92]

The donation of blood is a sharing of the donor's own substance, fragments of their bodies. This sharing of nature and substance is indicative of more than a thinly-

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[91] Perrault, R. A. 1990. P. xii.

[92] I am not a Canadian national and I occasionally donated blood to the Canadian Red Cross. People like myself fall outside the economy just described. Donating blood to the Canadian Red Cross made me feel like a good guest, giving to my hosts, not like a good Canadian. Non-Canadian residents of Canada formed a very small percentage of blood donors.

described economy of bodily fluids. The voluntarism at the heart of the Canadian National Blood Programme implies a sharing and bonding of selves, the invention of the shared idea of a horizontally-bonded group self-identifying as Canadian citizens.

Many Canadians like to describe their identity in terms of the cultural mosaic. The story of the cultural mosaic, like many aspects of Canadian identity, is often described in terms of absence or difference from other national narratives of identity, frequently from the United States, England or France. In the United States, the predominant narrative of immigration was that of the 'melting pot' where immigrants came to adopt the values of the dominant culture, a pan-American identity. In Canada, so the story goes, immigrants are to be encouraged to preserve their ethnic identities while at the same time participating in Canadian identity writ large.

An official government document published by Canadian Heritage called ***Sharing Canadian Stories*** identifies the Canadian identity as a cultural mosaic. According to Canadian poet Wali A Shaheen: "This harsh and beautiful land has never ceased to accommodate what can further enhance its beauty. And the Canadian cultural mosaic, symbolizing unity in diversity, has a charm of its own."[93] The cultural mosaic is such a predominant narrative of Canadian identity that even its critics adopt this language, witness such critical works as ***Mosaic Madness : The Poverty and Potential of Life in Canada*** by Reginald Wayne Bibby.[94]

Real Canadian identity is something altogether different. As Tony Wilden describes it in ***The Imaginary Canadian***, "we have many distinct levels of identity... race, class, color, creed, sex, national origin, family background, region and birthplace -- and so on."[95] This he distinguishes from nationalism defined as chauvinism and jingoism, qualities

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[93] Canadian Heritage. 2000. ***Sharing Canadian Stories: Cultural Diversity at Home and In the World.*** Ministry of Public Works and Government Services Canada. P. 5.

[94] Bibby, Reginald Wayne. 1990. ***Mosaic madness : the poverty and potential of life in Canada.*** Toronto: Stoddart.

[95] Wilden, Tony. 1990. ***The Imaginary Canadian: An Examination for Discovery***. Vancouver: Pulp Press. P. 51.

present in the divisive manner that Canadian identity is structured.[96] One specific level of identity, sexual orientation, had tremendous impact on the autonomy of the Canadian blood donor.

This distinction between Canadian identity as an imaginary construct and real Canadians was carried through in the early days of the blood scandal. Canadian volunteers were understood to be donating voluntarily, without restrictions upon their autonomy, whereas in actuality, according to the testimony of Michael Phair, Colin Soskolne and many others, many gay men donated blood because they felt they had to donate if they wanted to maintain the job and other securities that came with living a closeted life.

The testimony at the Krever Inquiry and other sources suggest that factors other than safety had an impact on the multiple instantiations of self-sufficiency. HIV was not seen as a threat by the Canadian Blood Transfusion Service in 1980 when self-sufficiency was posited as one of the basic four principles of the National Blood Programme. A fear of contamination from outsiders may explain the great success of the narrative of self-sufficiency, but it does not provide a satisfactory explanation as to its origins. The origins may have something to do with safety, but the distinctions made among separate agents' definitions of self-sufficiency suggest that those who fear the economic consequences of the increasingly transnational nature of fractionated blood products for Canadian producers are also partners in the successful repetition of this organizational principle.

According to Antonia Swann, self-sufficiency was used as an excuse to prop up the inefficient Connaught Corporation of Ontario, whose ability to fractionate blood products efficiently was called into question repeatedly throughout the testimonies before the Krever Commission.

Similar claims were made against the Armand-Frappier Corporation in Québec. The Québécois provincial ministers of health repeatedly criticized decisions to support Connaught. They argued instead for purchasing cheaper blood products using Canadian-sourced plasma from the United States-based Cutter Corporation. In this passage, Dr.

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96 *Ibid.*

Perrault, speaking before the Krever Commission, quoted Mr. Lazure, the health minister of Quebec. In May of 1985,

> Mr. Lazure noted there was no conflict between the principles of gratuity and self-sufficiency which he endorsed and normal bidding procedures. In view of the grants given by the provinces which amount to ten million to the Red Cross in Quebec each year, it would seem premature to favour one of the fractionation groups over others. To suggest that a contract be given to Connaught, regardless of price, is not acceptable to Quebec. Quebec does not intend to give a grant to the Red Cross to buy blood products at above-market prices.[97]

Mr. Lazure dissented in the decision by the health ministers where they endorsed the three underlying principles. They had agreed, Quebec dissenting, that a contract should be arranged between the Red Cross and Connaught for stored plasma as recommended in the report of the Deputy Ministers' Sub-Committee on Blood and Blood Products."[98] Lazure was of the opinion that the principle of self-sufficiency could best be met by fractionating Canadian-sourced plasma at the Cutter plant in the United States because the Cutter plant, due to its high-volume capacity, could undercut the price of the Canadian operators such as the Connaught Corporation. This was in opposition to the other members of the committee who believed that self-sufficiency necessitated fractionation within Canada from Canadian-sourced plasma. As one of the ministers suggested, "it is worth paying the necessary price to ensure Canadian self-sufficiency."[99] André Picard argues that these moves against Connaught can be understood as attempts to debilitate Connaught in favor of the Québec based Armand-Frappier Corporation that wanted to develop fractionation capabilities of its own.[100]

So self-sufficiency was understood to have promised greater knowledge and

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97 *Ibid.* Vol. 242. P. 30358.

98 *Ibid.* P. 30340.

99 *Ibid.* P. 30341.

100 Picard, André. 1995. P 90-91. This is not to say that sending Canadian plasma to Cutter Biologicals was a bad idea. At the time, no plant in Canada could meet the demand for fractionated blood products.

control of the blood system, but it also bore the potential promise of local manufacture and job creation which, as Ms. Swann points out, may actually run counter to the control and safety aspects central to the usefulness of self-sufficiency in guaranteeing the deliverance of the gift of life.

Not only does Antonia Swann's testimony takes us back to the purity of Canadian blood, the question of national purity at the heart of the narrative of self-sufficiency, she also speaks to the economic interests supported or denied by particular visions of the Canadian border. Earlier I referred to a theoretical literature that argued a relation between the stability of moral economy and social cohesion. The economies that support and are supported by the Canadian Blood Transfusion Service were regulated through appeals to virtues such as purity, control and safety. These were attained through the maintenance of the boundaries and borders suggested by the narrative of self-sufficiency. Self-sufficiency was intended to keep danger at bay by constructing barriers against the impure and unsafe, through the creation of a confined region where the Blood Transfusion Service could effectively control the safety and purity of blood products.

Self-sufficiency seems, at least in some of its manifestations, to be an eminently reasonable principle for the Canadian blood system to follow. It would be unbelievably foolish not to have some system in place where the provenance and safety of blood donations could be monitored, and it is certainly much easier to monitor blood donations that originate from within the scope of the system. There is no doubt that the Canadian blood system would be safest in a situation where it could monitor, supervise and test the processing of blood from its donation to its fractionation and its eventual delivery to blood system clients.

But did the narrative of self-sufficiency adequately promote this command and control of blood and its byproducts? Those who testified before the inquiry would say no. Their testimony attests that the deliberative force of the gift and community as constituted in the Canadian blood system did not correspond with the actual demands of maintaining control over blood or the HIV virus. Within the discourse of the blood system, blood donors were often understood as an "imaginary community" of volunteers. But this

discourse on identity unfortunately did not include all Canadians who volunteered blood.

The difficulty in getting a handle on the use of the term 'self-sufficiency' at the inquiry is that it was used in at least two ways that worked against one another. It was used to articulate a command and control procedure that enforced the safety of blood products. It was also used to delimit a notion of the good, as in safe Canadian plasma. Raw Canadian plasma may have been safer than American plasma and this was argued *ad nauseam*. But its relative safety is not the issue. Canadian plasma was not safe enough regardless of whether it was safer than plasma from other sources. This idea of good or safe Canadian plasma relied in part on the knowledge that Canadian plasma was provided by Canadian volunteers and the belief that this volunteer plasma was inherently safer because volunteers were less likely to have the HIV virus. Once again, the actuality of whether or not it was safer than American or other nation's plasma is not important. This volunteer plasma was clearly not safe enough.

Unfortunately blood and especially HIV have limited respect for national boundaries. Blood and its byproducts are commodities that can be moved quite easily from one nation to another. The HIV virus has no respect whatsoever for the imaginary boundaries that informed the commonly-held conceptions of self-sufficiency. The virus was initially, and quite often continues to be, considered solely as a disease of gay men, foreigners, Haitians and IV drug users. However, anybody can catch HIV and this virus was especially swift at crossing these sexual, racial and national boundaries.

Concluding Remarks

The gift of life promised something simple, that blood donations would be used to save lives. Subsidiary principles such as voluntarism and self-sufficiency were articulated at the Krever Inquiry as potentially encouraging the delivery of this promise.

The promise of voluntarism was that the practice of blood donation would be preserved from subterfuge. Blood donation would take place out of the spirit of the gift rather than from motives of profit as is often the case in the United States where blood may be donated for cash payment. Voluntarism was to ensure that sick individuals would

not be motivated to donate blood out of financial desperation.

Self-sufficiency also served to guarantee the delivery of the gift of life. The principal promise of self-sufficiency was that all blood, from its donation, through to its processing, fractionation and distribution, would fall under the purview of the Canadian blood system. Self-sufficiency would provide the insurance of complete control over the blood system and the concomitant safety that comes with such a command and control economy.

The Krever Inquiry was a focal point where counter-discourses reflected back on the utility of moral principles like self-sufficiency and voluntarism. The testimony before Krever suggests that these principles wre poorly implemented. Many participants suggested that the well-meant principles of self-sufficiency and voluntarism were not so directly calculated. These principles were described as existing within a complex matrix of social obligations and presuppositions, a moral economy of blood. This economy was portrayed in conflict. People may have sought to deliver the abovementioned promises, but counter-discourses on blood donation and self-sufficiency indicate that voluntarism and self-sufficiency were also put to uses contradictory to the preservation of life.

Self-sufficiency became a rallying cry for numerous financial interests. The principal interpretations of self-sufficiency often had as much to do with preferences towards one fractionation concern or another rather than having anything to do with maintaining the ultimate safety of the blood product through controlling every aspect of its delivery.

Voluntarism was simply inadequate when one considers the latency period of HIV. Even donors motivated solely by altruism would have thought they were healthy during the early days of the AIDS crisis. Furthermore, voluntarism relied upon a naive belief in a society composed of citizens unrestrained by social conventions and prejudices, a collection of donors free to choose whether or not to donate without suffering the consequences of their decisions. A climate of homophobia ensured that gay men, one of the groups most likely to donate HIV tainted blood, were the ones with the least leeway in deferring their blood donations.

Self-sufficiency and voluntarism were eminently sensible guidelines for the Canadian blood system, but they were mere principles. Inquiry participants suggested that the actual deliberations of actors in the blood system relied upon these principles plus a host of unofficial beliefs and assumptions about social norms and obligations concerning blood donation, regulation and the moral status of various kinds of Canadians. The tragedy arose as these unofficial aspects of the moral economy of blood undermined the promises inherent in self-sufficiency and voluntarism and ultimately, the gift of life.

Chapter Two: The Moral Economy of Expertise

Once the public characterizations of the blood system shifted to a discourse of scandal, a firm consensus appeared concerning the moral economy of the blood system. The blood system promised the gift of life and this sacred contract between the blood system and its clients had been broken. After this shift to scandal, however, there existed much less agreement over what the proper functions of the blood system had been. Certainly it was to deliver the gift of life, but even when there were clearly laid out moral principles, such as voluntarism or self-sufficiency, there still existed a great deal of dissension as to how these principles ought to have been interpreted. This was also the case with the moral economy of expertise. While at first it may seem clear that the promise of expertise was to guarantee the safety of blood system clients and to preserve the sanctity of the gift of life, an examination of the testimony before Justice Krever reveals characterizations of the various calculations made against the promise of expertise that often run counter against one another.

Expertise promises many things, safety, surety, certainty, the mastery of the world through calculation, and the ability to resolve technical problems that require knowledge unavailable to the lay person unwilling to undergo extensive specialist training. The foundation of any moral economy is an agreement as to the obligations and social norms that bind together distinct parties within specific communities.[101] In the case of a moral economy of expertise, one relationship of central importance is that between groups of experts and the so-called lay people such as blood donors and blood recipients. The moral economy of expertise speaks to a promise to preserve the gift of life through the above-described faculties available to experts for specific groups of lay-people such as blood donors and blood recipients, or within the language of the state–citizens.

Initially, the above description of the moral economy of expertise may seem to hold together, but a closer examination of discourses covering the events from the early

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[101]Once again I paraphrase Thompson, E. P. "The English Crowd in the 18th Century." ***Past and Present***. Pp. 78-79.

1980s suggests otherwise. When the testimony before the Krever commission is examined there is a wide ranging diversity of opinion as to how experts and lay-persons ought to have related to one another, and even disagreement as to whether or not distinct boundaries ought even to have been articulated between these two groups in matters of policy-making.

In this chapter I begin by devising a theoretical account of expertise. This provides me with the vocabulary to make rough distinctions between a number of calculations of the promise of expertise made during the early days of the HIV crisis in the Canadian blood system. I make these distinctions not just for the sake of abstraction, but because characteristics of these different moral economies of expertise may be useful for understanding other risk management debacles. By expertise, I refer first and foremost to a discourse about solidarity. The expert is set apart from the rest of the society. How the expert relates to those others over whose interests he or she is expected to deliberate speaks to distinct visions of the horizon of acceptable knowledge, specifically the sources of that knowledge. One kind of expert accommodates the others of expertise and expresses some degree of humility regarding the certitude of her own knowledge against the knowledge of lay publics lacking the proper credentials. This kind of expert expresses a degree of generosity to an involved public, she gives them a degree of credit. The other kind of expert is suspicious of the suggestion that non-experts may be legitimate participants in any deliberation over their interests, especially as knowledgeable participants. These distinct forms of expertise are examined on their respective ability to deliver the goods guaranteed by the wedding of the promise of expertise and the gift of life.

I then focus on just a few stories about the moral economy of expertise, one on the inclusion of hemophiliacs in decision-making and two on the development of donor screening procedures. These may not suffice to provide a general overview of the Canadian blood system, but they will be of some use in outlining representative expert discourses as they pertain to obtaining knowledge for decision-making concerning the movement and disposition of blood products.

The development of blood policy by an expert involves a relationship between an expert and some group or individuals outside the community of expertise. In the case of hemophiliacs, this was often characterized as a doctor-client relationship, and in the case of screening procedures, the relationship was one of blood-system expert to donor. In the case of screening procedures, this interaction may by mediated by as little as the initial prejudices of the expert and a screening instrument (a questionnaire in the case of the Blood Transfusion Service) or the relationship may be much more complex.

The provenances of blood and its byproducts are often used to delimit the boundaries between acceptable Canadian blood-products and products from other nations, but expertise further subdivides this field. The discursive production of expertise articulates distinctions between those who deliberate over the future of the blood system and other Canadians who are often categorized as donors, clients, or problems in the case of those likely to have contracted AIDS.

Expertise, or at least specialization, is a necessary consequence of living in an organizationally complex society. According to Max Weber, "increasing intellectualization and rationalization do *not*, therefore, indicate an increased and general knowledge of the conditions under which one lives."[102] Weber argues that your average citizen knows no more of the specifics of their nitty-gritty workaday surroundings than any other individual throughout history. Life has always been a complicated affair, but humans surpassed the point at which they could master all available knowledge long ago.

Narratives of specialization are nothing new. What is new about expertise, or at least about particularly modern expertise, is the accelerated proliferation of specialization. Alongside general practitioners of medicine are specialists in heart disease, the nervous system and many more. One specialization of particular interest to the topic at hand would be hematology, or those possessing specialized knowledge of the circulation, and the properties of blood. It is this proliferation, and the extent to which the knowledge of these specializations penetrates our world, that prevents anyone from completely

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[102] Weber, Max. 1963. "Science as a Vocation". In ***Max Weber; Selections From His Work.*** New York: Crowell. P. 139.

mastering human knowledge. There is simply too much specialized knowledge for any one person to apprehend. One cannot succeed in any particular specialization without being devoted wholeheartedly to its pursuit. Somebody who approaches more than one area, with the rare exception of a few geniuses, is often a dilettante, a dabbler.

Weber points to a further consequence of this modern proliferation of specializations:

> [The] knowledge or belief that if one but wished one could learn it at any time. Hence, it means that principally there are no mysterious incalculable forces that come into play, but rather that one can, in principle, master all things by calculation. This means that the world is disenchanted. One need no longer have recourse to magical means in order to master or implore the spirits, as did the savage, for whom such mysterious powers existed. Technical means and calculations perform the service. This above all is what intellectualization means.[103]

The progressive carving up or calculation of being through the techniques of instrumental rationality evoked by Weber's term 'disenchantment' implies a very specific attitude towards the ineffable or the incalculable, most notably that it can be known and mastered. Here we have an attitude, corresponding to expertise, that reality is the destination that expertise takes us towards. Individual experts are understood to be ideally situated to arrive at knowable reality. Furthermore, enough broadly-arrayed experts will assure that all such arrivals can be counted on. The subject positions of experts are calculations that depend on whether particular experts deliberate as if they were sure to find a specific kind of answer, or as if they are open to the possibility of another kind of answer, one that is impossible to presuppose.

Briefly setting aside such problems, the expert is certainly a very useful kind of subject. It is a good thing that I do not have to tend to all my problems. Expertise promises that we can rely on others to manage many of our concerns. A complex organization such as the blood system could not run at all if its maintenance were up to

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103 *Ibid.*

generalists. Hematologists needed viral epidemiologists in order to come to grips with the potential dangers of AIDS. And the system also relied upon managerial experts, nurses, accountants, laboratory technicians and other experts in order to maintain its daily operations.

The vocabulary of democratic theory may be useful here in fleshing out the ways in which this relationship between expert and donor, or client can be articulated. Donors and clients are constructed as specific forms of citizens through discursive practices that can be interrogated by interpreting a variety of textual products, in this case the transcript of Justice Horace Krever's Commission of Inquiry on the Blood System in Canada. Citizenship implies a relationship between a state and its enfranchised members. Citizenship is a term that refers to forms of social membership within various forms of state apparatus and the kinds of political participation that these forms of affiliation take. As a relational term, citizenship has an ethical dimension. Descriptions of citizenship can be understood in terms of particular moral economies and any discussion of citizenship has an 'ought' dimension. Descriptions of citizenship may be interpreted as implying a certain way that political and social membership ought to be organized, and consequently who ought to be making decisions about the movement of blood and its byproducts.

Beginning with classical theorists of democracy such as Jeremy Bentham, and Jean-Jacques Rousseau, two competing streams of democratic theory have promoted representative and participatory strategies as the appropriate norms for democratic procedure. The representative method has its origins in Jeremy Bentham and James Mill. They both argued that the scope of citizenship should be confined to the elective function. Citizenship was a protective practice where the citizen defended their interests from those in power through their ability to replace those in office when they displeased the citizenry.[104] With James Mill and Bentham, the legitimate knowledge for just rule was in the possession of elites. The elite have access to certainty, to the truth, and the citizen as a voter, and a rational, self-interested being, knows to defer to their knowledge.

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[104] Pateman, Carole. 1970. P. 20.

In the twentieth century, the representative model has become increasingly elitist. With the writings of Joseph Schumpeter, a concern with the escalation of mob rule into totalitarian states has produced an elitist theory of the democratic state. Schumpeter argues, as do many of his contemporaries, that the average citizen's attitudes towards the political are alarmingly totalitarian. It is only with the educated and powerful that a well-developed social conscience is developed. He believes that high degrees of citizen participation produce mob mentalities. His exemplars include such monsters as the National Socialist party of Germany.[105]

Schumpeter lost the faith that many of the early modern political philosophers had in man as a rational being. Schumpeter and his followers model of political man, rooted in their observations of the formation of modern totalitarian states and the psychology of the mob, owed much more to ***Leviathan*** than to the rationalists. Men were mostly brutes and the work of society was to moderate their worst tendencies.

For Schumpeter the central purpose of citizenship was to protect the citizen through a representative system. The democratic state ought to be a system composed of competing elites chosen by the citizens of the state to protect their best interests. Regardless of whether or not the elitist theory of democracy is accepted as a normative ideal, it is certainly a persuasive description of contemporary, North American decision-making architectures, particularly so when considered in conjunction with the accelerated specialization of knowledge characteristic of modernity.

The representative method relies upon the accordance of a higher epistemological status to the representatives than to those represented. Representative theorists of democracy believe that representatives will have access to legitimate knowledge, the truths necessary for good governance, whereas most citizens will not possess this knowledge.

The techniques for coping with threats to well being have grown increasingly complex. In keeping with this growing complexity are the institutional specializations that administer against danger. There is a long history of specialization in caring for the

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[105] Schumpeter, Joseph. 1950. Pp. 236 & 241.

uncertain future of public welfare. The roots of the Canadian blood system and public health in general can be traced to the earliest days of governmental involvement in public health. One such understanding of the role of government in promoting the well being of the public came in part to be conceptualized as caring for the health of the public. In 19th century France, this care revolved around a debate between a number of distinct interpretations for how to achieve and conceptualize adequate public hygiene. The most successful of these strategies rallied around Pasteur's germ theory which eventually evolved into the sophisticated machinery of present day public health care systems.[106]

The blood system is one such system for administering against dangerous threats to the good of the public. It does so not only by providing blood and its byproducts in case of emergencies, but by ensuring the safety of this blood supply. As such, the Canadian blood system is representative of a public health system, a specialized component of the Canadian public health system.

There are many contemporary techniques for coping with threats to the public health, but they vary little in their categorizations. For example, two books that have become essential reading for risk assessors and managers in the U.S. and have seen some popularity in Canada as well, outline most of the common epistemological divisions adhered to by risk institutions. The guidelines published by the U.S. National Research Council for ***Science and Judgment in Risk Assessment*** suggest that the dangers posed by various chemical substances to the health of the public might best be met by a combined strategy of risk assessment using various scientific methods; risk management, or "the process by which the results of risk assessment are integrated with other information such as political, social, economic, and engineering considerations to arrive at decisions about the needs and methods for risk reduction";[107] and risk communication, or "... conveying

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[106] Latour, Bruno. 1988. ***The Pasteurization of France.*** Cambridge: Harvard University Press.

[107] National Research Council. 1994. ***Science and Judgment in Risk Assessment.*** Washington D.C.: National Academy Press. P. 5.

the judgments of individual scientists to risk managers and to the public."[108]

This document divides the technology of risk into three broad categories. The first of these is risk assessment. This category is concerned with fixing uncertainty and risk. That is, risk assessment ascertains what we know about a risk and defines the nature of uncertainty. In order to meet these expectations, risk assessment is further divided into numerous specializations. The committee that produced this volume "consisted of 25 members with expertise in medicine, epidemiology, chemistry, chemical engineering, environmental health, law, pharmacology and toxicology, risk assessment, risk management, occupational health, statistics, air monitoring, and public health."[109] This volume does not go into detail on the expertise needed to manage and communicate risks, but another NRC volume called ***Understanding Risk: Informing Decisions in a Democratic Society*** lists public health, engineering, physics, epidemiology, environmental communications, ecology, biology, medicine, economics, ecosystems ecology, sociology, law, pathology, mathematics, operations research, philosophy, psychology, environmental and water resources engineering, and organic chemistry as the disciplinary resources called upon for writing the volume.[110] Although these documents are written specifically for environmental risk assessment in the U.S., they mirror a broader range of practices and divisions. In risk management and regulation, the basic structure of assessment, management and communication is a common descriptor wherever risk and uncertainty are managed institutionally in Canada and the U.S.[111]

Bureaucracies further mediate the relationships between public and representative,

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[108] ***Ibid.*** P. 13.

[109] ***Ibid.*** P. ix.

[110] National Research Council. 1996. ***Understanding Risk: Informing Decisions in a Democratic Society.*** Washington D.C.: National Academy Press. Pp. 207-13.

[111] See Harrison, Kathryn and George Hoberg. 1994. ***Risk, Science, and Politics: Regulating Toxic Substances in Canada and the United States.*** McGill / Queens University Press: Montreal. This comparative piece demonstrates that the United States and Canada have "distinctive 'regulatory styles.'" (p. 4) In spite of great differences between the two nations, risk is understood in both contexts as "a process of assessing and managing..." (P. 6) incorporated with some means of communicating between public and experts.

distancing members of the public from the agents who deliberate over the public's interests. Schumpeter's version of representative democracy must take into account the knowledge bureaucracy that is the norm in contemporary North American risk institutions. In the present-day context, an understanding of the place of the expert in representative democracy is essential as the expert may disrupt the protective relationship between citizens and their representatives. Although experts may be appointed by representatives of the people, they are at the least, one step or more removed from the voting process that appoints representatives. A representative is already set apart from the public and the bureaucrats appointed by the representative increase this isolation, often serving to alienate citizens from the micro-political events that affect their interests.

Participatory theorists of democracy are deeply troubled by this alienation. They question the assertion that representative democracy protects public interests. The origins of modern participatory theory lie in the work of J. S. Mill and Jean-Jacques Rousseau who argue that citizenship should widen its scope. Beyond the protective function, participation serves to elaborate the system of laws that are collaboratively produced by the citizenry. For Rousseau:

> ... men are to be ruled by the logic of the operation of the political situation that they had themselves created and that this situation was such that the possibility of the rule of the individual men was 'automatically' precluded... The participatory process insures that political equality is made effective in the decision-making assembly.[112]

This system is just precisely because its policies affect all equally. To this point, the prescriptions of Rousseau do not differ radically from those of the representative theorists. Both approaches serve to protect public interest from the interests of powerful men. They only differ in method. However, Rousseau sees participation as providing a distinct advantage over the representative method; He believes that, given the proper groundwork, participation can create a better citizenry through its educative qualities.[113]

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[112] Pateman, Carole. 1970. P. 23.

[113] Rousseau, Jean-Jacques. 1968. ***The Social Contract***. New York: Penguin Books. Pp. 88-96.

According to Rousseau, the shape of human personality is forged through the individuals' interactions with various institutions. By participating in decision-making, individuals learn that their private interests are linked to the interests of others and that cooperation and an accounting of others' interests is necessary if their own interests are to be served. Democracy requires this kind of subject and the participatory system fosters this form of subjectivity.[114] Participation teaches the self-interested individual how best to serve his own ends through cooperation.

Rousseau's ideal society was small and agrarian. Nevertheless, his work has significant ramifications for an understanding of citizenship in today's highly-fragmented risk institutions. Rather than simply choosing representatives to protect their interests. Pateman argues Rousseau's work lays the ground work for the claim that citizens ought to participate actively in deliberation and become legitimate partners in decision-making over their interests.

Here, we can see how representative democracy entails a specific destination as a knowledge seeking strategy, namely the one determined in advance by the predilections of privileged expertise. This situation is inhospitable, hostile at the worst, to the presence of others as they delimit the boundaries of expertise.

Participatory democracy promises a far different relationship with the others of expertise. Participatory democracy asks us to imagine expertise under a different orientation. Expertise would value and welcome its others, its clients, its donors, and the outcasts from the 'good Canadian community' such as gay men and Haitians, so that they may deliberate over their interests. This implies an opening up to uncertainty. This opening up is an attempt to overcome the alienation of the citizen to risk institutions so easily promulgated by risk bureaucracies.

Zygmunt Bauman characterizes an extreme example of this alienation in the chapter on sociological morality from his book ***Modernity and the Holocaust*** when he explains his distinction between metaphysical Jews and good Jews. The metaphysical Jew was a stereotype perpetrated by a system that cleaved the actual living Jew from the

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[114] Pateman, Carole. 1970. P. 25.

everyday German's world. According to Bauman:

> Persuasive or insidious the intellectual stereotype may be, yet its zone of application stops abruptly where the sphere of personal intercourse begins. 'The other' as an abstract category simply does not communicate with 'the other' I know. The second belongs within the realm of morality, while the first is cast firmly outside. The second resides in the semantic universe of good and evil, which stubbornly refuses to be subordinated to the discourse of efficiency and rational choice.[115]

Bauman refers to the phenomenon of the 'good Jew' to make his point. Even those Nazis most efficient at their tasks and hatreds still managed to soften their hardened demeanor when they thought of certain Jews that they knew or had known in the past. Himmler and Julius Streicher, editor of the notorious Jew-baiting newspaper ***Der Stürmer***, complained that one of their most formidable tasks was overcoming the actual knowledge of Jews held by their constituencies.[116] They had difficulty making the stereotypes stick when people had real Jews for comparison.

Distance was required to apply fully these stereotypes. Anti-semitism may continue to exist when Jews live next door, but the more extreme murderous impulses associated with Nazism could only have been fostered in a regime where great distances were placed between German citizens and Jews. I argue, following Bauman, that the culture of expertise as it is most commonly practiced here in North America, and especially as it was practiced in the Canadian Blood System, served to produce distance, even when those interests outside of the Canadian Blood System such as hemophiliacs or gay men may have been the neighbors or patients of the experts in question. According to Bauman:

> The essence of expertise is the assumption that doing things properly requires certain knowledge, that such knowledge is distributed unevenly,

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115 Bauman, Zygmunt. 1989 ***Modernity and the Holocaust***. Ithaca: Cornell University Press. P. 189.

116 Bauman, Zygmunt. 1989. P. 187.

> that some persons possess more of it than others, that those who possess it ought to be in charge of doing things, and that being in charge places upon them the responsibility for how things are being done... Responsible action means following the advice of the experts. In the process, personal responsibility dissolves in the abstract authority of technical know-how.[117]

As an extreme example of this form of alienation Bauman cites the example of Willy Just, a technical expert in the manufacture of trucks used to gas Jews with carbon monoxide as they were delivered to a burial site. Just delivers the most horrendous details in dry and technical prose. For example, Just refers to the urine and excrement of dying Jews as thick and thin fluids in one of his memoranda on the development of a drainage system for the gas-truck bed. It becomes clear that Just's moral universe is restricted to his colleagues and friends and family, not to the Jews in whose death he was instrumental. The technical language of expertise and responsibility to a hierarchy of knowledge allowed Just to sever Jews from his moral universe.

This is not to say that the experts who ran the Canadian Blood Transfusion Service were murderous Nazis. Rather, the Nazi case lies at the outer limits of alienated expertise where the extreme distance created through bureaucratic fragmentation allowed such murderous activities to run unchecked by the acutely painful presence of real Jews who would have reminded the Nazis of the consequences of their actions. The Canadian Blood Transfusion Service provides examples of how a representative model of democracy that relies on expertise can be concretely realized as an alienating bureaucracy. While these examples do not in any way approach limits set forth historically by National Socialism, they do follow a similar logic.

The transcript of the Commission of Inquiry on the Blood System in Canada is not only rife with such dislocations, but also a repository for a number of instructive counter-examples that will allow me to explore alternative definitions of citizenship and expertise. The Blood Transfusion Service, as it is portrayed in many of the documents that I have at my disposal, is an outrageously complex and jumbled affair. It is precisely due to its status as a complex and multi-layered affair that the Blood Transfusion Service is ideal for an

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[117] *Ibid.* P. 198.

exploration of the ways in which the moral economy of citizenship and expertise can be discursively constructed. Every decision provides a particular instantiation of citizenship. Every decision also excludes another 'non-citizen' whose encounter with the Blood Transfusion Service provides the opportunity to expose the contingent role of the citizen in decision-making.

I begin my analysis by fleshing out a series of these encounters. These "others" to the blood system that I have identified are people who were denied access in such a way that it harmed their interests. Interest is a far-ranging term. Here it covers a plenitude of desires from the hemophiliac's wish for well being to the want by a variety of groups such as gay men not to be negatively identified in the eyes of the Blood Transfusion Service or Canadian society writ large.[118]

Many of the individuals involved in the tainted-blood scandal argued that the participation of high risk groups in decision-making was of the utmost importance if their interests were to be protected by preventing the spread of AIDS. It was maintained that in order to screen high risk groups, some knowledge of the practices of these high risk groups was important and that this knowledge could best be obtained through the participation of those with experience of these practices. Perhaps the most prominent of these suggestions came from the Canadian Hemophilia Society's Medical and Scientific Advisory Committee who made a series of recommendations to the effect that:

1) serious efforts should be made to exclude blood donors who might transmit AIDS including:
   a) an education campaign to promote self-exclusion by donors belonging to high-risk groups, such as male homosexuals and Haitian immigrants, with the co-operation of the leadership of these groups;
   b) specific questions on the blood donor questionnaire to detect symptoms associated with AIDS such as swollen lymph glands, night sweats or unexplained fever or weight loss;

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[118] *KIT* Vol. 35. P. 7021. Mr. Verreau, an Albertan hemophiliac says "I have been a volunteer for the CHS for a long time and that's always been my personal vested interest. It has always been my experience that's our society's interest too. That is our vested interest is the safety of the blood system for everyone."

c) evaluation and implementation of laboratory tests that would identify individuals at high risk of AIDS transmission.[119]

These recommendations were eminently sensible. Both (b) and (c) sought to limit the access of HIV to the blood system by suggesting that the Blood Transfusion Service ought to be targeting the symptoms of AIDS and testing for its presence. Point (a) suggests that an education campaign to limit high risk donors ought to seek cooperation from the leadership of groups thought to represent high risk groups. This chapter mostly concentrates on suggestion (a) as it was largely ignored due to the restrictive nature of the culture of expertise.

With some notable exceptions, recommendation (a) was not followed by the Blood Transfusion Service experts. The Red Cross did issue press releases identifying high risk groups such as Haitians, IV drug users and homosexual men. These groups were asked to stop donating blood. However, the Medical Science Advisory Committee recommendation cited above was not followed to the letter. Little official effort was made to contact representative members of these communities. According to journalist André Picard, Dr. Derrick only contacted the editor of ***The Body Politic***, a newspaper with a largely gay readership. With the exception of this lone effort, no community leaders were contacted before the Red Cross announcement and these groups were mortified.[120] There was a great deal of backlash against the Red Cross both from offended gay and Haitian leaders and from racists and homophobes, some of whom went so far as to suggest that those infected with HIV be quarantined on islands off the east and west coasts of Canada historically used as leper colonies.[121]

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119 Picard, André. 1995. P. 72.

120 ***Ibid.*** P. 74.

121 ***KIT*** Vol. 23. P. 4268 and ***KIT*** Vol. 62. P. 13209. See the documentary "Island of Shadows: *D'Arcy* Island Leper Colony, 1891-1924." which aired on Vision TV on Wednesday, May 17, 2000. This documentary reports that there were two leper colonies in Canada, one in Tracadie, N.B. for whites and one on D'Arcy island for Chinese. The one in Tracadie was only for voluntary admissions. The patients were cared for by a doctor, nuns and a cook. The Chinese at D'Arcy island were interned against their will. The documentary tells the story of Chinese men

Following this fiasco there were a variety of responses. Numerous blood donation centers made informal attempts to screen blood, but many stuck to the Red Cross official line and did very little in response to the Medical Science Advisory Committee's pleas for the implementation of donor screening procedures. André Picard outlines a number of non-responses in his ***Gift of Death*** that range from mistakenly benevolent to outrageously homophobic. In Quebec, the birthplace of Gaétan Dugas, otherwise known as Patient Zero, "Dr. Côme Rousseau, the medical director in Quebec City, wrote to his staff that all persons who appeared to be in good health must be accepted as blood donors, 'The policy is succinct, clear and explicit. It must be obeyed to the letter, without prejudice.'"[122]

In Saskatchewan, the Premier Grant Devine likened the moral standing of homosexuals to bank robbers.[123] There were limited official exchanges between the Blood Transfusion Service and the Saskatchewan gay community[124] and when Dr. McSheffrey, the medical director of the Saskatoon Center did meet with gay men he felt they ought to remain anonymous due to the hostile climate in the province.[125] The contact between gay men and the blood system experts who were establishing donor screening procedures was limited in Alberta as well, especially in Edmonton as described in the previous chapter by city councilman Michael Phair.

For a host of reasons ranging from homophobia to disinterest and lack of personal initiative there was limited contact between gay men and blood system representatives during the development of donor screening procedures with rare and notable exceptions in Winnipeg and Vancouver. Not coincidentally, these were places where in spite of notably

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who were shipped by rail in packing crates to an island where no care or support beyond a shipment of supplies every three months was provided for them.

122 Picard, André. 1995. P. 78. Patient Zero was identified through an epidemiological study in the United States as the man most likely to have been an originating or common factor in the spread of HIV throughout Canada and the United States. The most well known example of a patient zero would be Typhoid Mary, whose moniker has entered the vernacular.

123 *KIT* Vol. 46. P. 9510

124 Picard, André. 1995. P. 78.

125 *KIT* Vol. 44. P. 894.

large populations of at risk donors, there were relatively few tainted blood donations.[126]

One place where there was limited contact was St. John, New Brunswick. The St. John case is an instance where a clearly articulated moral economy of expertise was used to legitimate a dangerous alienation between gay blood donors and the blood system. I chose the St. John case for comparison because of the relatively simple bureaucratic structure of the blood system in New Brunswick in relation to other provinces with a high incidence of HIV-infected blood donations like Alberta, Ontario and Quebec, all of which had many blood centres.[127] The purpose here is not to map all the responses of experts to those they are expected to care for so much as to categorize a number of characteristic responses.

In a passage from the Krever Commission testimony of Dr. John MacKay, the Red Cross medical director in Saint John, New Brunswick, Ms. Lamontagne, an assistant to Justice Krever questions Dr. MacKay about his failure to contact any representatives of the local gay community. Ms. Lamontagne refers to a memo from the national Red Cross that encourages local blood transfusion centers to contact representatives of high risk groups such as Haitians and gay men to ask them to cease their blood donations. The memo included a list with local contact phone numbers for each center. Dr. MacKay provides a number of explanations for not consulting with representatives of these high risk groups. These include the lack of a local phone number for St. John and his belief that representative groups do not actually represent anything but a minority of those people they claim to represent. Both of these responses are of some interest in mapping

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[126] Picard, André. P. 270. 1995. In the appendix of The Gift of Death is a table listing the HIV-infected blood donations per thousand from Nov. 1, 1985, to Dec. 31, 1986. These are the years immediately after the screening procedures in questions were developed when blood testing was first regularly utilized by the blood system. Manitoba has the lowest with a three, a number shared with the province of Newfoundland. British Columbia has one of the lower numbers at eight, and the worst province is Quebec. Which at 45 per thousand is 8 and a half times greater than B.C. and 15 times greater than Manitoba.

[127] Picard, André. P. 270. The same table referenced in the preceding note indicates that New Brunswick's rate of infection was 10 cases of HIV-infected blood per thousand. Alberta, Ontario and Quebec were worse, but their infection rates cannot be traced back to the policies set in one blood center. For example, in Alberta, there are two major blood centers in Edmonton and Calgary. Ontario and Quebec had several centers.

the moral economy of blood dictated by Dr. MacKay of the Saint John Blood Transfusion Service before the inquiry.

Dr. MacKay's response to Ms. Lamontagne reads: "In the first place the memo, as I read it, is an instruction to contact the local contact and I am told there is no local contact. Had I been provided with a name, I would have carried out my instruction, which was to call this person."[128]

Ms. Lamontagne's immediate response is to query Dr. MacKay as to whether or not he had looked for any representatives in the local telephone directory, noting the existence of a gay hot line in nearby Fredericton that he could have phoned. MacKay replied that there was no local line in Saint John at the time and that he was unaware of the group in Fredericton. So why did Dr. MacKay neglect to contact any representatives of the gay community? He said that it was because there was an instruction to contact a *local* representative and he could not find one in the local phonebook.[129] In light of the fact that a gay line existed in a community near to Saint John, this response initially seems very rigid. Dr. MacKay allows his explanation to follow precisely from the letter of the memo, even though it seems reasonable, as an outsider, to interpret his actions as contravening the likely intention behind the memo's suggestion, which was to seek out contact with someone nearby if not necessarily in the same city.

An explanation for Dr. MacKay's strict adherence to the direction of the National Red Cross can be found in another response he provides to the inquiry. In this passage, Dr. MacKay relates why it is necessary for him to follow directives from National with the utmost care and precision:

> I do not believe it is my role to establish new standards that are individual and separate for one Centre. I believe the Red Cross is a national organization. The Red Cross, I would point out, was founded on the battle

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128 *Ibid.* Vol. 56. P. 11818.

129 Homophobia is another direct reason that an expert might not initiate contact with gay men's groups, but nothing Dr. MacKay said before the inquiry would lead me to assume this prejudice on his part. His explanations are interesting enough taken at face value.

> field. It has always existed in a sort of paramilitary structure, and I very, very profoundly believe that it should continue to function to a single common standard. In discussions with various authorities at National, I had been reminded of that very forcefully. It is not the role of an individual Medical Director to attempt to establish standards higher than those imposed by National. To do so puts us at risk of having a two-standard organization or even a more-standard organization.[130]

MacKay continues to inform the commission that if he were to have done otherwise he "...would have been acting in defiance of a written directive, and that is grounds for dismissal."[131] MacKay offers up a story of the military origins of the Red Cross as an explanation for the hierarchical organization of the Red Cross: its members must structure their decision-making around a military-style chain of command. If this narrative is taken seriously then deviations from the command structure would be seen in the same light as disobedience in a military context. MacKay's reliance on this organizational narrative mirrors the reliance placed by officers on their superiors.

MacKay explains how the Red Cross instilled this obedience and rigidity through special management-training courses.

> The old paradigm was that the Medical Director was an independent professional who exercised best judgment in dealing with problems. Now you follow the standard. I was taken off to a hotel and brainwashed for three days, doing exercises like how do you make coffee and how do you polish your boots. We all had to seriously sit down and write this out, and the argument was that there is only one best way to polish boots and there is only one best way to make coffee, and you will stay in this room until the whole bunch of you agree on what it is, and then you will write it down and you will do it that way forever... As they say, design a procedure such that the stupidest person you have ever met cannot make a mistake, because every detail --When I wrote my SOP on how to polish shoes the critique from the professor was, "You didn't say don't put the polish on the sole of the shoe", and I said, "What kind of an idiot would do that?", and they said, "The kind of idiots that are working for you every day. So write it

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130 *KIT*, Vol. 56. p. 11771.

131 *Ibid.* P. 11773.

down."[132]

Disciplinary practices such as the one described by MacKay serve to help us understand the means by which a risk manager explains a narrowly-oriented approach to knowledge. This obsessive belaboring of standard operating procedures to the point of absurdity outlined by MacKay speaks to a narrowly-specified orientation toward uncertainty. When employees are given direction to the extent that they are told not to polish the soles of shoes, then the opportunity of striking out towards new sources of knowledge is greatly diminished. As MacKay put it: "there is only one best way to make coffee," one that everyone agrees on, and "you will do it that way forever." MacKay's training may have attempted to banish the uncertainty inherent to flexible decision-making, but it more effectively banished his ability to open up to surprisingly necessary sources of knowledge.

MacKay's military narrative also structures the boundaries between decision makers and the identities of the affected publics. It delineates a closed chain of decision-makers. Those who fit inside this chain of command are carefully situated within a hierarchy and those outside the chain of command are identified as of no consequence to deliberation. This is corroborated by Mr. Williams, a past president of Fredericton Lesbians and Gays (FLAG). When asked if there was any contact initiated by the Red Cross, he replies that since 1983, when he became affiliated with FLAG, there had been no attempts by the Red Cross to communicate with them or any other organization representative of gay men in the region.[133] Ms. Getty, a nurse who specialized in health care for gay men and one of the founders of AIDS New Brunswick was also adamant that no contact had been made between the local Blood Transfusion Service and her organization.[134]

The structure that MacKay refers to is partly organized along the narrow lines of expertise delineated above. When Commissioner Krever asks Dr. MacKay why he might

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132 *Ibid.* P. 11780.

133 *Ibid.* Vol. 55. p. 11512.

134 *Ibid.* P. 11528.

not be willing to make independent decisions to improve upon minimum standards imposed by National, MacKay responds:

> I have never had the degree of confidence in my own professional skills that I know more than my National Director and more than the Medical Directors Advisory Committee and more than the Red Cross Transfusion Service Scientific Advisory Committee and more than all of the enormous body of specialist skills available to National. For me, as a generalist in a small town, to say "I know better than them" would be arrogant and foolish.[135]

This narrative of expertise, in conjunction with his story of the rigidly-imposed hierarchy of the Blood Transfusion Service, allows MacKay to portray himself as an expert isolated from the citizens affected by his decision and from other experts in his own bureaucracy. His performance demonstrates how the protective function that citizenship serves is easily undermined as the bureaucracy of risk and uncertainty grows more complex and more reliant on the specializations of experts rather than direct forms of representation. MacKay's ability to obtain the kinds of knowledge necessary to manage intelligently the risk of contracting AIDS in his facility was severely hampered by this distancing effect of expertise; he was unable to gain access to the knowledge needed to screen effectively gay men from the donor population. The consequences of the St. John blood system's donor screening policy are demonstrated by a statistic from the Canadian Red Cross Society. Ten in a thousand blood donations between Nov. 1, 1985 and Dec. 31, 1986 tested positive for HIV in the Western Blot test, an exam given to confirm the presence of HIV antibodies after an individual blood sample tests positive with the ELISA test. New Brunswick was the worst of the smaller provinces and overall only Ontario, Alberta and Quebec had higher infection rates according to the Western Blot test.[136]

Concomitant with the specialization inherent to the experts in a risk bureaucracy

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135 *Ibid.* Vol. 56. P. 11773.

136 The territories were administered by Alberta and British Columbia. Their numbers were included in the Albertan and British Columbian statistics. These statistics were reported in Picard, André. 1995. P. 270.

comes the specialization of those people served by that bureaucracy. According to Zygmunt Bauman:

> ... technology means fragmentation – of life into a succession of problems, of self into a set of problem-generating facets, each calling for separate techniques and separate bodies of expertise. When the job of fragmentation is done, what is left are diverse wants, each to be quelled by requisition of specific goods or services; and diverse internal or external constraints, each to be overcome in turn, one-constraint-at-a-time – so that this or that unhappiness now and then can be toned down or removed. In a benign regime sworn to the pursuit of universal happiness and professing legitimacy of all desire, wants may be turned into rights and constraints proclaimed manifestations of injustice. No regime though, however benign, humane, permissive or liberal, would permit a challenge to the sacrosanct reality of the fragmented self.[137]

For Bauman, the individual aspect most endangered by this fragmentation is the moral self. The moral self is a self constituted by responsibility in the face of the other, rather than a self constituted through the discipline of the rule and the law.[138] This self which steps aside from considerations of rationality and everyday utility is inimical to the order of specialization. Bauman says there is "ample room left for *homo ludens*, *homo oeconomicus*, and *homo sentimentalis*; for gambler, entrepreneur, or hedonist – but none for the moral subject. In the universe of technology, the moral self... feels and is an unwelcome alien."[139]

The donor is an exemplar of this process. The donor is a very specific kind of citizen. Donors are defined in terms of their relationship to the blood system, and their specific function as participants in a bureaucracy where all activities are carried out by experts or other kinds of specialized subjects, including the donors themselves who are subjects that share the gift of life, good Canadians.

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137 Bauman, Zygmunt. 1993. ***Postmodern Ethics***. Oxford, U.K.: Blackwell. P. 197. Also see "The Ethics of Individuals" in The Canadian Journal of Sociology Vol. 25, No. 1 2000.

138 Bauman, Zygmunt. 1993. P. 11.

139 Bauman, Zygmunt. 1993. P. 198.

Many kinds of specialized citizens are served by the blood system such as the clients or the hemophiliacs and other recipients of blood products. I now focus on the interaction between blood system experts and a particular client, to show how this fragmentation of identity can be disrupted by the interrupting presence of a client that is seen as more than a client, a client whose moral self imposes its presence into the smoothly delineated categories of expertise, clients and donors described by Dr. MacKay. This confusion or disturbance of rule-based expertise results from the participation of clients in open deliberation over the disposition of their interests. Just as Dr. MacKay's testimony and record challenges the assertion that representative democracy is protective in nature, the following case will undermine the clear categories of bureaucrat and client and demonstrate that the normative status of the representative theory of citizenship is open to criticism.

Dr. Andrew Kaegi was medical director of the Calgary Blood Transfusion Service from December 1977 to January 1981. During that period he invited members of Calgary's hemophiliac community to participate in decision-making for the Blood Transfusion Service. The decision involved the use of the newly-available Canadian Red Cross-distributed Factor VIII concentrates. These concentrates were much easier to store, carry and self-administer than the cryo-precipitate used by most hemophiliacs at that time. The downside of concentrate is that it is made from a large pool of donors, as large as 20,000 donors, and frequently from unknown sources. The possibility for bacterial and viral contamination was much higher in the case of concentrate than for cryoprecipitate which was produced from pools of as small as five donors. It was quite likely the decision by Dr. Kaegi's colleagues, Dr. Man Chiu Poon, the Red Cross Assistant Medical Director and Dr. Tom Bowen, the Director of the Calgary Blood Transfusion Service, to reduce dosages of concentrate as much as possible and treat extensively with cryoprecipitate that resulted in the low numbers of HIV-infected hemophiliacs in Calgary. Only 8 hemophiliacs contracted HIV from blood products in Calgary compared to twenty two in Edmonton, the largest city in Alberta after Calgary.[140]

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[140] Picard, André. 1995. P. 100.

The Calgary Blood Transfusion Service Management Committee had a meeting in early 1979 to discuss the issue of HIV-tainted concentrate . According to Dr. Kaegi, "The primary players were Dr. Bernard Ruether, Dr. June Wuang, Mr. Barry Isaac, a hemophiliac, a very well informed hemophiliac who has given evidence at this Commission... and myself. They were the major players."[141]

Dr. Kaegi presents a radically different take on the institutional structure of the Blood Transfusion Service than did Dr. MacKay. According to Dr. Kaegi, the regional Blood Transfusion Services were allowed to have "quite remarkable difference[s] in approach... And within the transfusion service, we were, if we had good reason, permitted to have this degree of variation and recommendation, if we had the support of the community to do it. And that we had."[142]

The openness of the Calgary Blood Transfusion Service to participation on the part of hemophiliacs is supported by Dr. Barry Isaacs.[143] Dr. Isaacs was a member of the Calgary branch of the Canadian Hemophilia Society and a professor of English literature at the University of Calgary. He was hardly a medical professional. According to Isaacs:

> I was approached by the then Medical Director of the Calgary Red Cross Blood Transfusion Service, Dr. Tom Bowen, who is quite a close friend. He had asked me if I would mind doing some research into viral infection in blood, specifically looking at any differences that might arise between blood systems that depended upon purchased plasma and blood systems, whereas in Canada the plasma was derived from voluntary donors. He indicated to me that he didn't have the resources in his depot to do anything like this and, as research was, to be colloquial, my bag, perhaps I could do that, and I agreed and obtained the information for them. I should say that the reason that Dr. Bowen was interested in this was because there were some rumblings coming out of Ontario that Connaught Laboratories was interested in starting to phase in a paid plasma system. In fact, the president

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141 *KIT* Vol. 162. P. 34431.

142 *Ibid.* P. 34432.

143 The appellation of Dr. refers to Barry Isaacs' PhD. Dr. Barry Isaacs is the same man referred to in the above quotation as Mr. Barry Isaacs. Perhaps this titular shift is representative of a status division between Medical Doctors and Doctors of Philosophy.

> at the time, Dr. Cochrane, I heard in an interview at the time asked the question specifically, and he said he thought that was the wave of the future and he certainly wouldn't deny that they had an interest in it. We were terribly afraid that this would destroy the volunteer blood donor system as it existed, and still exists, in Canada. So I went ahead and did really a review of studies that had been conducted since 1968-1970. Conclusively, the data showed that plasma that was obtained from paid sources was heavily infected with Hepatitis B and Hepatitis non-A, non-B or what we know now as Hepatitis C.[144]

Rousseau believed that citizenship possessed an educative function. By actively participating in democratic deliberation, a citizen would come to appreciate better the factors affecting their interests. This is certainly the case with Dr. Isaacs who competently composed a literature review concerning technical matters that might ordinarily be considered the domain of a medical expert, and with Dr. Bowen and Dr. Kaegi who learned a great deal of useful information from Dr. Isaacs's report. Various representatives of the Calgary Blood Transfusion Service, including Dr. Kaegi and his replacement Dr. Tom Bowen, describe more iconoclastic views towards the nature of expertise than did Dr. MacKay. Dr. Bowen utilizes the same epistemological partitions as Dr. MacKay; they are both immersed in cultures of expertise. This is clear from Dr. Bowen's identification of Dr. Isaacs as a professor of English literature. However, he gives a distinctly different status to these disciplinary boundaries. Expertise is not an inviolable domain. Rather, as a specialist, Dr. Bowen was willing to allow non-specialists or non-experts to participate in his discussions and deliberations. Furthermore, he was willing to heed the advice of these non-experts.

It could be argued that Dr. Bowen's ability to overcome the predilection, common among experts, not to welcome outsiders into the deliberation process, was due to Dr. Bowen's familiarity with Dr. Isaacs and their comfort with his status as a respected academic, even if he was in a field radically different from his own. The professor of English literature shared enough everyday referents with the medical doctor that friendship was all it took to overcome the barriers against outside intervention in the domain of the

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144 *KIT* VOL 35. P. 7004.

blood system. Dr. Bowen addressed individuals outside of the realm of expertise as if their opinions mattered. One difference between MacKay and the Calgary doctors seems to be that Dr. Bowen had a friend who was a fellow professional and also a hemophiliac.

The friendship, humility and accommodation, exhibited by Dr. Bowen to Barry Isaacs, are a difference here of primary importance, because it was, at least in part, highly likely that emotional attachment overcame the rigid, alienating culture of expertise described earlier by MacKay, assuming that this alienating kind of expertise was even initially present. This friendship, much like the good Jew next door as described by Bauman, interrupts the boundaries of the experts' moral universe, allowing interlopers, albeit one with a PhD in English literature, into the community of expertise. Furthermore, the attention given to Barry Isaacs as a moral self by his friend Tom Bowen disrupted the smooth boundaries between the categories of client and expert.

It is instructive here to return to Bauman's description of the essence of expertise in order to understand how the friendship between Drs. Bowen and Isaacs upsets distinctions thought to be clear and distinct. Bauman's definition of expertise took the form of an argument possessing a number of steps. The initial step was "doing things properly requires certain knowledge." Bauman follows this step with a description of knowledge as unevenly distributed. This is most certainly the case. It mirrors Weber's basic speculations on specialization that I reported on in the beginning of this chapter.

What is interesting is the next step where Bauman moves from the relatively noncontroversial claim that specialization is a necessary component of our complex modern lives to the fact of specialization as the rationalization for a technically-motivated decision-making hierarchy. Bauman implies that expertise is articulated as the fact of specialization plus the belief that "that those who possess it, [*experts or specialists*], ought to be in charge of doing things, and that being in charge places upon them the responsibility for how things are being done."[145]

There is no doubt that under the complex conditions of contemporary life, specialization is necessary, but the move from specialization to expertise is problematic.

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[145]The italicized words are my addition.

As Dr. MacKay emphasizes when he claims that it would be arrogant and foolish for him to question his superiors, all the titled experts to which his generalist education was subordinated, expertise is based upon a system of credentialism and rigid institutional hierarchies, reinforced by disciplinary strategies such as the workshop in writing standard operating procedures for polishing shoes and making coffee described by Dr. MacKay.

Drs. Kaegi, Bowen and Isaacs show that this move from specialization can be conceptualized in other ways. What Bauman laid out is how expertise is defined. With one addition, his definition can integrate a moral element beyond a responsibility towards protecting the public's interests. Expertise, in the case of Kaegi, Bowen and Isaacs includes a further 'ought' dimension. Expertise ought to call upon those whose interests are at stake. As Dr. Isaacs demonstrated, it is possible those with interests in the matter at hand can be successfully integrated into the decision-making process. It should not be "those who possess this knowledge." Instead, it should be those who can or ought to possess the knowledge who are brought into the fold. These experts would not allow a rigidly structured set of operating procedures to determine their every move, closing them off from knowledge essential for decision-making. Rather, these experts would practice an accommodating humility. This would be an expertise reconstructed so that it accords the *others* of expertise with value, much the same as the professionally-credentialed experts. It would take seriously the idea of responsibility in the face of the other as fundamental rather than simply claiming responsibility as something to be derived from the particular social value commonly accorded to recognized decision makers as elites.

The accommodating sensibility practiced by Dr. Bowen towards Dr. Barry Isaacs was no doubt made easier by the fact of their friendship, but there are other stories about of opened up expertise told before the Krever Inquiry. The follwoing one describes how entry into the domain of expertise was possible for individuals without a PhD, who were not close friends of the experts. Dr. Marlis Schroeder occupied a number of positions of authority at the Winnipeg Red Cross Blood Transfusion Center throughout the 70s through to the 90s. She was the Deputy Medical Director of the Winnipeg Blood Transfusion Service from 1975 to 1982. Following this, she was the Acting Medical Director from January 1983 to July of 1983 and then the Medical Director, a position she

still occupied in 1994 on the date of her testimony. Her testimony on the development of screening procedures is instructive to us in imagining how an institution can open up the way it calculates the promise of expertise. She articulates a moral economy of expertise that is quite distinct from the one described by Dr. MacKay. Furthermore, Dr. Schroeder's moral economy of expertise is, I expect, a much better one for guiding future attempts to deliver the gift of life. Manitoba has the lowest rate of transfusion AIDS in Canada and the provincial level of infected blood donations from November 1st, 1985 to December 31st, 1986, according to the Western Blot test, was three per thousand, only matched by the province of Newfoundland.[146] These rates testify to the effectiveness of the questionnaires that Dr. Schroeder developed with the collaboration of gay men in Winnipeg during her tenure at the Winnipeg Blood Center, and they suggest that risk managers in the throes of imagining future risk management projects ought to take her reflections on the past seriously.

In the early spring of 1983, just after the Canadian Hemophilia Society's Medical Science Advisory Committee urged blood clinics to contact and encourage high risk donors not to donate blood and the Red Cross had issued a press release asking high risk groups to do the same, Dr. Marlis Schroeder had her first meetings with representatives of the Winnipeg's gay community. In her words,

> I also felt it was very important that, since I had been approached -- or whichever way it went -- by the gay community, I should not turn them off, that we should work together. I think one works together toward a common goal. If you have a group in your city that is very active and interested in pursuing a certain approach, you work with them. I think I was really looking at working with the local people and worried about ensuring that the appropriate message was out in the city.[147]

In conjunction with a Dr. Smith and a number of other representatives from many local gay organizations, a pamphlet was written that dissuaded sexually active gay men from donating blood. When Dr. Schroeder spoke at a local AIDS forum with over four

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146 Picard, André. 1995. Pp. 76&270.

147 *KIT*. Vol. 48. P. 9814.

hundred attendees she was cheered by the audience[148], a very unusual response to a Red Cross employee at this time considering the negative reaction the Red Cross's press release had received in other parts of the country. It was at this well-attended meeting that the pamphlet written by Dr. Schroeder and the Winnipeg Gay Coalition was first widely distributed.[149]

This pamphlet was distributed through the various groups involved in the coalition, and at gay bathhouses and physicians offices.[150] Dr. Schroeder did not oversee the distribution of the pamphlet, but instead the various members of the gay coalition saw that they were dispersed in places where gay men were likely to see them. They also saw to the pamphlet being continually available.[151]

Dr. Schroeder described the writing of this pamphlet as a form of negotiation.[152] The members of the gay coalition did not want to prohibit every gay man from donating, so the committee settled for asking people not to donate unless they have been sexually inactive or involved in an exclusively monogamous relationship for 36 months. This 36 months was based upon the best known latency period for AIDS at the time.[153] HIV has an extremely long latency period where it is present in the blood stream without the infected person exhibiting any symptoms of AIDS.

"Ensuring that the proper message was out in the city" necessitated consultation with the concerned parties. There was no question that what was needed was some way to prevent gay men from donating blood, but knowing the best way to do this necessitated knowledge that a medical doctor would not regularly have at their disposal, unless they were already deeply involved in the local gay community. It is interesting to contrast

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148 Picard, André. 1995. P. 76.

149 ***KIT***. Vol. 48. P. 9809.

150 ***Ibid***. P. 9822.

151 ***Ibid.***

152 ***Ibid***. P. 9810.

153 ***Ibid.*** P. 9811.

Winnipeg to Edmonton where gay men often donated blood through workplace blood drives even though they had been asked not to, out of fear of job loss. In Winnipeg, gay men had access to the pamphlet and the pamphlet encouraged "Men who are not 'out' to members of a group with whom they regularly donate blood (e.g. work) can phone 772-2551 the same day and ask for Dr. Schroeder or Miss Catherine Anderson and request that the blood which they have just donated be used 'for research purposes only.'"[154]

This pamphlet's suggestion allowed a number of men to protect their identity without compromising themselves ethically. It seems a simple solution, and it was. Yet it was available because of the relationship between the local Red Cross and the Winnipeg gay community. If it had not been for the respect exhibited by Dr. Marlis Schroeder towards the gay community then Winnipeg men would have suffered the same indignities and moral conflicts as did many men in Edmonton and other cities throughout Canada when forced to choose between donating blood or heightened scrutiny of their private lives in the workplace.[155]

This sensitivity was further exhibited when Ms. Edwardh queried Dr. Schroeder at the inquiry as to why they simply didn't ask these men to call in and say they were at risk for AIDS. Ms. Edwardh wondered why the subterfuge, why say "for research purposes only," when "I'm at risk for AIDS," would be more truthful. Dr. Schroeder replied "that would be more acceptable in 1994 than it was in 1983."[156] The Winnipeg Red Cross

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154 *Ibid.* P. 9816.

155 It has been suggested by one reader that gay men could have self deferred any number of ways without having to come to this understanding with the blood system. For example, they could have said that they had jaundice or some illness that precluded donation. This, however, would necessitate that gay men truly understood the consequences of donations and thanks to the poorly articulated status of deferral strategies dealing with AIDS in the early 1980s the consequences were not always made clear. When the consequences were clear, the questionnaires and staff were not often that clear on how to actually inform or determine who was at risk. I expect that in order for gay men to be inspired to lie about their medical history with any regularity they would have had to have been presented with some clarity and certainty about the status of AIDS and the blood system.

156 *Ibid.* P. 9821.

Blood Transfusion Center, under Dr. Schroeder's leadership, was willing to maintain a few bureaucratic euphemisms in order to save gay men a great deal of discomfort.

The reflections of Dr. Schroeder and her colleagues indicate that donor screening in Winnipeg involved far more than simple consultation with an affected group. The pamphlet was co-authored with members of the gay community, yet it was treated as official Red Cross policy as expressed in an internal memo from Dr. Schroeder to members of her staff: 'Enclosed is a copy of the pamphlet that was circulated to all individuals who attended the AIDS Forum held Sunday, August 14, 1983. If anyone inquires, this is the policy of the Red Cross Blood Transfusion Service in Winnipeg."[157]

In her recounting of the writing of this brochure, Dr. Schroeder outlines a moral economy of expertise entirely distinct from the one described by Dr. MacKay in Fredericton. The screening of blood donors was achieved through a method legitimated by the involvement of gay men in deliberation and policy making.

In Conclusion

In the case of the Canadian blood system, expertise promised the refined capacities, specialized knowledge and scientific certainties necessary to deliver the gift of life. Unfortunately, this promise was for the most part broken. Many of the experts involved in the blood scandal turned away from outsiders, non-experts, as legitimate sources of knowledge. This disavowal of non-experts had tragic consequences when donor-screening procedures were developed without the assistance of the real experts on the behavior of donors at risk of transmitting HIV, those very same men at risk. However, there were other instantiations of expertise more suited to coping with social uncertainty.

The distinctions I drew earlier between closed off forms of expertise as exemplified by Dr. MacKay and the more open and successful forms of specialization exemplified by Drs. Kaegi, Bowen and Schroeder were described in terms of humility and accommodation. Humility implies unpretentiousness, the opposite of pride or haughtiness.

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157 *Ibid.* P. 9824.

The ***Oxford English Dictionary*** suggests that humility "acknowledges present insufficiency."[158] It was this "acknowledgment of insufficiency" that prompted Dr. Tom Bowen to ask Barry Isaacs to write a literature review.

To accommodate oneself is to adapt to another's interests. This virtue was ably articulated by Dr. Marlis Schroeder when she told Justice Krever how she drafted an AIDS and blood donation pamphlet with men representing gay community groups in Winnipeg. Both of these virtues express an openness in their possessors to knowledge previously unavailable as well as to knowledge from unorthodox sources. Dr. Tom Bowen simply did not have the time nor the resources to do the literature review performed by Barry Isaacs and Dr. Marlis Schroeder was able to participate in crafting a donor deferral procedure sensitive to the actual practice of at risk men, practices she likely would have been unaware of without their participation.

The narrative force of the gift was and remains central to the Canadian blood system and to the arguments presented in this piece. In this spirit, I suggest that the virtues of humility and accommodation may be understood as forms of generosity on the part of experts. Here, humility and accommodation represent attitudes towards the exchange of knowledge between experts and a variety of publics. Referring to humility and accommodation as acts of generosity reinforces the fact that these virtues necessitate a gift on the part of the expert. The expert gives some degree of intellectual credit to the interested public. The public is given the opportunity to speak for itself and to its problems as it sees fit. These acts of generosity, as exhibited by Drs. Kaegi, Bowen and Schroeder are another form of the gift of life, a gift returned by Barry Isaacs and the gay community representatives in Winnipeg.

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158 ***Oxford English Dictionary: Online Edition.***

Chapter Three: Trust-Distrust

The origins of the tainted-blood scandal are rooted in miscalculations made against the elusive promise of the gift and what I call ungenerous calculations of expertise. I consider the promise of trust and the calculations made in its name to be strongly allied with the gift, accommodation and humility. Trust, broadly conceived, is one of the emotions that hold together a moral economy. Trust legitimates decision-making, in this case the movement, fractionation and distribution of blood and its byproducts. Trust is the guarantee that various parties involved in a moral community will respect the strictures of the norms that are expected to guide their actions.

Trust invites a discussion of the ways in which participants in the Krever Inquiry describe the obligations and expectations held between various parties such as hemophiliacs, donors, and blood system employees and volunteers during the period I call business as usual. It was the violation of the trust to deliver the gift of life, placed in the blood system by its clients, donors, and the Canadian public at large, that heralded the tainted-blood scandal. The discursive production of distrust and its resolution will constitute the second part of this dissertation.

Like the preceding chapters, this one begins with an explication of the vocabulary of trust and a constellation of related terms such as confidence, reliability and distrust. Following is a reexamination of relationships between parties in the blood system that I outlined in the preceding chapters and some conclusions on the efficacy of trust in delivering the gift of life promised by the moral economy of the Canadian blood system.

The Promise of Trust

Trust possesses an eternally elusive character, much like the gift as characterized in the first chapter. Any profession of trust will inevitably descend into a series of calculations concerning the reliability of the trusted party. When I say "I trust you", it seems inevitable that this utterance will be followed with fleeting doubts, subtle calculations on the reliability of your character. "I trust you" is a gesture of complete reliance on the other, yet it also signals a turning away from pure trust towards a descent

into an economy of reliability and confidence enforced by law or custom.[159] For example, one of western culture's most profound stories of trust is the faith that Christ placed in God. On the cross, even this trust was challenged when Christ asked his father why he had forsaken him.

The ability to trust is deep-seated in humanity. It is a fundamental aspect of our moral selves. Zygmunt Bauman defines the moral self as a self constituted by the responsibility we recognize towards the face of the other rather than a self constituted through the discipline of rule, law and custom.[160] To say that the faculty of trust is an aspect of the moral self means that trusting is an act that is constituted by our responsibility in the face of the other. The moral self trusts the other.

Bauman's characterization of the moral self is contrasted to the social self that founds modern discourses of law and rights. According to Bauman, legislative morality centers around an idea of the self as distrustful, "the perfection of human order, the quality of human cohabitation, is measured by the distance at which it has moved away from the 'natural order of things', now dubbed, with a mixture of derision and apprehension, 'the law of the jungle'."[161] This mistrust of the moral self implies the necessity of structures of law governing our relationships with the other. We cannot rely on our moral instincts to guide us, rather we must rely upon ethical codes that can be legislated prior to action, codes that have been inculcated into our selves through a variety of disciplinary structures.

There are two orders here, the moral self that operates through gestures of generosity, responsibility and trust of the other, and the world of moral economy, of social existence where custom, tradition, nationalism, the law and other disciplinary manifestations legitimate, inhabit and inhibit an individual's relations to the other. The

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159 My understanding of the relationship between the promise of trust and reliability or confidence owes a great deal to Derrida's discussion of the promise of justice and the inevitable turning away from this incalculable promise into the legislative certainty of the law. See, Derrida, Jacques. 1992. "The Force of Law." in ***Deconstruction and the Possibility of Justice***. ed. by Drucilla Cornell. New York: Routledge.

160 Bauman, Zygmunt. 1993. P. 11.

161 ***Ibid***. P. 5.

tension arising between these orders is apparent in a reading of Annette Baier's essay "Trust and Anti-Trust" where she defines trust as a relationship not only of reliability but of goodwill. When I believe that an individual or institution who has discretionary power over my interests will protect these interests, then I consider them to be reliable. When I rely upon someone because they have goodwill towards me then I trust them[162] The difference is made apparent by comparing the relationship between an individual and a bank. Both may be reliable, yet we rely upon the bank because of an institutionalized legal-juridical framework that enforces honest and regular behavior on the bank. Reasonable people do not believe that banks actually bear them goodwill in the ways that a friend would. They can be counted on to behave in certain ways because they are required to do so by external governing bodies to whom they are beholden by the legitimate force of law. Loved ones, on the other hand, can be counted on to look after my interests because of their goodwill. We are linked by an affectual bond rather than a mitigating set of juridical circumstances.

I find Baier's definition of trust enticing, yet altogether too restricting. She defines trust in such a way that there are clear criteria for establishing what is trust and what is not. I believe this precision closes off the open-ended nature of trust, its incalculable nature. Nevertheless, there is much to learn from her definition of trust. Baier distinguishes trust from reliability. Reliability is merely trust absent of a guarantor of goodwill that has been replaced with some other assurance, usually a legally-enforceable contract. Trust then, is a gesture towards the other, an assumption of the trusted's goodwill. In this sense, the promise of trust is like the promise of hospitality. You are not welcoming a person into your home, but you are welcoming a person to care for your interests. Trust is an other-directed gesture. To proclaim your trust you must put yourself at risk, you must place yourself at the mercy of an other being and be prepared to suffer or welcome the uncertain consequences of this gesture.

Reliability and confidence (another closely related word) are also terms with an economic dimension. They imply some kind of reinforcing pressure whether it be the

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[162] Baier, Annette. 1986. "Trust and Anti-Trust." ***Ethics***. Vol. 96. Pp. 231-26.

force of law or simply shame, guilt and custom, that ensures their continuance. Reliability and confidence are consequences of trusting, possible calculations made on the promise of trust.

Common to both the moral self and the social self is some kind of assurance, of trustworthiness. That which upholds the promise of trust is an inclination towards the other, the attitude of responsibility towards the face of the other. As such, trusting in an other opens us to uncertainty.

The assurances of reliability are not as open. Reliability is reinforced by tradition, policy and the law. I rely upon a bank because structures are in place that ensure the bank will behave in certain ways. Certainty is very important here. Reliability is insured by the guarantee of certain, pre-ordained outcomes concerning the truster's interests. Expertise, as analyzed in the preceding chapters is one such assurance. Expertise guarantees the reliability of an institution or individual to protect the truster's interests. Expertise is counted on to guarantee with certainty that the interests of the truster will be disposed of in ways beneficial to the truster.

The promise of trust inevitably descends into reliability. Structures and sentiments grow to reinforce what was initially a gesture to the other. But this does not mean that the promise of trust is necessarily broken. Rather, the promise of trust can always beckon onwards for those whose gestures towards the other grow from an attitude of responsibility. The promise of trust may always collapse into reliability and confidence, but this does not mean that the promise of trust cannot always invite new calculations in its name.

This chapter is in part an analysis of the discourse on moral economy and trust produced by the subjects speaking before the Krever Commission and the ways the discourse on moral economy falls short of the one on trust. I examine cases of truster and trusted as historically-situated subjects upon which trust, and trustworthiness, are conferred. Central to this discourse is an argument that the specialists involved in the blood system who were able continually to reinvest themselves with an attitude of trust in the other dealt more effectively with the uncertainties of AIDS than did experts who relied on the assurances of their own or their superiors expertise. The structure of relations

analyzed in this chapter will invert the one traditionally pursued by writers on trust and the management of risk who ordinarily examine trust by individuals in institutions. Here, I primarily devote my argument to an analysis of trust by individuals in institutions towards the others of the institution, namely hemophiliacs, gay men, donors and others who could possibly be endangered by the blood system. I take a somewhat circuitous route to approach the trust of institutions in the public. I first make some general comments on trust as a sociological phenomenon and then I approach my conclusion from the backside following a discussion of trust of individuals in institutions.

Social Theories of Trust

It is standard practice in many writings on trust to focus on the trust of the individual in public or corporate institutions. One of the most prominent discussions of trust has been in the area of risk management studies. A common narrative in risk management studies begins with a possible event known as a 'risk' that has been conceptualized quantitatively in terms of probability of occurrence and the magnitude of its consequences. The consequences are frequently characterized in terms of possible death toll or dollar values.[163] Trust has been variously characterized by the risk literature. It is frequently seen as a panacea for the repeated failings of risk management and risk communication in their dealings with the public. Early work in risk studies by figures such as Paul Slovic and Vincent Covello identified trust as a key element in successful risk management. It was believed that if the public just trusted the risk managers then the managers could get on with their jobs successfully. These researchers elaborated their position on trust through a series of psychometric surveys. Trust was believed to be an attitude that was easy to destroy and difficult to create. It was also characterized as a good in an unqualified sense. Slovic's work was benificent in intention. He took trust to be a given category that could be measured through survey instruments.[164] Covello's

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163 Thompson, Paul and Wesley Dean. 1996. "Competing Conceptions of Risk." in ***Risk: Health, Safety and Environment.*** No. 361.

164 See pieces here like Covello, V., Slovic; P. & von Winterfeldt, D. 1988. ***Risk***

work focused on social marketing. Covello specializes in teaching effective marketing strategies.

According to Covello,

> risk perceptions are intimately linked to perceptions of trust and credibility, efforts to enhance trust and credibility can be as effective as risk reduction in affecting public perceptions and actions. More specifically, risks will be more acceptable to the public when the source of risk information is perceived as trustworthy and credible.... Trust and credibility are built on a foundation of perceived caring and empathy; perceived competence and expertise; perceived honesty and openness; and perceived dedication and commitment.[165]

The narratives promoted by Covello construct the subjectivities of the public as impediments to be manipulated through a series of "verbal and non-verbal techniques" to be taught to industry and government executives, physicians, public health officials, MBA students and journalists.[166]

Moving beyond the psychometric paradigm, a number of writers have elaborated sociological accounts of trust. In the following pages I call upon these approaches, keeping those elements that seem useful and discarding those that I find to be inapplicable to the blood system. Trust is primarily used by sociologists and ethicists to describe social interaction or relations, the fundamental building-blocks of most ethical and social theories. As the relationships between individuals and institutions may function differently

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communication: a review of the literature. National Science Foundation: Washington, DC. Slovic is cited here as emblematic of a relatively naive position on trust to be found in the risk literature because he was central to the development of this entire discourse. His more recent publications have moved far afield from this early position and express a sophisticated understanding of the sociological character of trust. For examples, see Slovic, P. "Perceived Risk, Trust, and Democracy." ***Risk Analysis*** 13 (1993), Pp. 675-682. and Slovic, P. (1999). Trust, emotion, sex, politics, and science: Surveying the risk-assessment battlefield. ***Risk Analysis***. 19(4), Pp. 689-701.

[165] Covello, Vincent T. "Risk Perception and Communication." Canadian Journal of Public Health. Vol. 86, No. 2. P. 78.

[166] From an interview with Vincent Covello in ***The Potomac Communication Group, Inc. Newsletter***. In the newsletter, Covello proclaims "General Norman Schwartzkopf as one of the most gifted risk communicators. During the Gulf War, Schwartzkopf repeatedly demonstrated caring and concern for his troops in the field, while exuding openness, competence and dedication."

from those we have with friends and acquaintances, they ought to be considered as constituting a distinct constellation of forms.

Niklas Luhmann, in the tradition of Max Weber's arguments concerning expertise and specialization, claims that social trust is a complexity reduction strategy.[167] According to Luhmann, the possible number of social relations will always be greater than the intellectual capacity of any given individual's mastery. In order to benefit from the myriad possibilities of social interaction, we have constructed strategies for reducing this complexity to manageable proportions. Social trust is one of these possible social complexity-reduction strategies.[168]

Following Luhmann, Timothy C. Earle and George T. Cvetkovich analyze a number of strategies for the reduction of social complexity. These include social trust as it is traditionally understood in the literature on risk management, social distrust and what they call 'cosmopolitan social trust.' It is important to note that they do not consider social distrust to be the direct opposite of social trust. They consider both to be functional equivalents in the role of complexity reduction. Accordingly, they must be analyzed as if they were different phenomena.[169]

Earle and Cvetkovich consider the characterization of social trust as it is popularly understood in the literature on risk management with reference to the U.S. Department Of Energy's (DOE) definition of trust[170] and to the paper "Social Distrust as a Factor in

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167 See chapter one for a discussion of Max Weber on expertise.

168 Luhmann, Niklas. 1979. ***Trust and Power: Two Works by Niklas Luhmann.*** Toronto: Wiley.

169 Earle, Timothy C. and George T. Cvetkovich. 1995. ***Social Trust: Toward a Cosmopolitan Society.*** Newport, Connecticut: Praeger.

170 The DOE study is more properly called U.S. Department of Energy. ***Earning Public Trust and Confidence: Requisites for Managing Radioactive Wastes. Final Report of the Secretary of Energy Advisory Board Task Force on Radioactive Waste Management.*** 1993. U. S. Government Printing Office. Paul Slovic was kind enough to allow me to use his copy. He told me that most of the copies of this study were destroyed by the U. S. government after publication.

Siting Hazardous Facilities and Communicating Risks," by Roger Kasperson, Dominic Golding and Seth Tuler, two documents with some impact on American environmental policy. Both define social trust in terms of confidence and responsibility. A number of other researchers also mirror the DOE and Kasperson line including the German risk writer Ortwin Renn and his colleague David Levine, who also argue that trust is to be understood as a sociological phenomenon to be characterized in terms of competence and responsibility.[171]

According to Earle and Cvetkovich:

> Traditional social trust continues to be characterized by its unexamined, assumed correctness within traditional American individualistic culture. Among the ironies attendant to traditional social trust is one generated by its empiricism. Traditional social trust is a thoroughly empirical concept, based as it is on judgments of competence and responsibility. Individuals are to make these judgments, we are told, only after extended observations of performance, data collection, and data processing. We are to act, on this model, individually, as independent, amateur scientists. And of course this is how we are expected to perform all our social judgments within traditional American culture.[172]

Earle and Cvetkovich challenge the usefulness of understanding social trust based in empirical judgement on a number of grounds.

One challenge to the concept of traditional social trust rests on the efficiency of this model. Traditional social trust is characterized as a high-input form of complexity reduction. High-input models are ones where an individual takes on greater burdens rather than allowing others to do certain jobs for them. Earle and Cvetkovich argue that a form of trust that asks everyone involved to perform "extended observations of performance, data collection, and data processing"[173] will require a great deal more effort than simply allowing another person to look after your interests for you. According to

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171 Renn, Ortwin. And David Levine. 1991. "Credibility and Trust in Risk Communication." In ***Communicating Risks to the Public: International Perspectives***. Edited by Roger Kasperson and P.M. Stallen. Amsterdam: Kluwer.

172 Earle, Timothy C. and George T. Cvetkovich. 1995. P. 23.

173 ***Ibid***. P. 28.

Earle and Cvetkovich, if you are going to rely on a careful monitoring of those people that have been entrusted with caring for your interests it will almost be as difficult as managing these interests yourself. It is nowhere as efficient as allowing these interests to be cared for on the side by someone who seems to share the same concerns and possess the same moral qualities as yourself.

Earle and Cvetkovich also discuss the inevitable turn to social distrust that is produced by a reliance on the traditional model of social trust, particularly on the role of confidence. Confidence is characterized as a belief in technical expertise. Confidence is an appropriate complexity-reduction strategy when someone is highly skilled and is dealing with a situation that is somewhat certain. However, confidence and the fundamental contingency of risky situations do not complement each other well. Numerous studies by Slovic, Tversky and Kahneman, and others[174] have shown how easy it is for confidence to blow up in the face of the risk manager. This confidence can easily appear to those involved in risk management scenarios as overconfidence or untrustworthy behavior.

Earle and Cvetkovich contrast the traditional model of social trust with cosmopolitan social trust. Cosmopolitan social trust does not seek to base trust on fundamental criteria of competence and reliability. Rather, it is created when two disparate communities involved in a risk scenario create mutually-shared values on which to base their trust. What this actually looks like is somewhat vague. It is impossible to draw up a hard and fast set of rules that will cover cosmopolitan social trust for every risk scenario. What Earle and Cvetkovich do point to, however, is the role that democratic participation plays in the creation of these shared values. The creation of shared values requires the participation of all those who will share in these values.[175]

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[174] Tversky, Amos and Daniel Kahneman."Judgement under Uncertainty: Heuristics and Biases," ***Science***, vol. 185, 1974. P. 1124-1131. And Kahneman, Daniel, Paul Slovic, and Amos Tversky. 1982. ***Judgement Under Uncertainty: Heuristics and Biases***. Edited by Cambridge University Press: Cambridge.

[175] Earle and Cvetkovich are hardly the only ones suggesting the trust is the product of communally shared narratives. A similar argument can be found in Powell, Walter. 1995. "Trust Based Forms of Governance." In ***Trust in Organizations: Frontiers of Theory and Research***.

I find Earle and Cvetkovich's discussion of sharing narratives useful for understanding distrust as a sociological phenomenon. They certainly explain why communities of expertise do not trust the public to be involved in deliberations over the public's interests. Communities of expertise rarely share enough of the narratives central to the deliberative process with the affected public to trust that public. When we consider the case of the Canadian Blood System trusting donors, there does not appear to be a lot of sharing, at least in Earle and Cvetkovich's sense of two communities sharing narratives. Rather, there are a series of narratives concerning the nature of donors shared by most of the parties involved in the Canadian blood system which then forcibly describe a disparate collection of volunteers, many of whom simply could not accommodate this version of reality without a great deal of discomfort. A notable instance of this narrative dissonance is the powerful effect of the narrative of the good donor on closeted gay men in the workplace. To be a good person they must donate blood, but that is clearly not the sort of thing a good man would do if he were classified as a member of a high risk group. Yet if the gay man in the workplace were to explain why he had not donated blood, then this gesture of goodness would brand him gay which unfortunately means bad in many workplaces, consequently imperiling his employment.

In spite of the usefulness of Earle and Cvetkovich's theory of social trust, there is something that troubles me about the idea of rooting social trust in shared narratives. Earle and Cvetkovich have certainly defined a sociological phenomenon, relating to complexity reduction, that relies on establishing communally-shared narratives. But something about the term 'sharing' and identifying this phenomenon as trust, is bothersome. The idea of sharing sounds wonderful, but it militates against difference. As the discussion of distrust and narrative-sharing or forcing indicates, there are narratives that risk managers may not be willing to share or participate in. Employed and closeted gay men may share a great many things with the vast majority of the employees of the Canadian blood system, but it is what they do not share that is important. It is difference

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Edited by Roderick M. Kramer and Tom R. Tyler. London: Sage Publications. I also suspect that a line of inquiry could also be drawn to writings on risk management influenced by Jurgen Habermas if someone were so inclined.

and the knowledge that may be produced through a respect for difference that is important to risk management. The promise of trust speaks to difference. It opens the truster to difference as it preserves the integrity of the truster. There are gestures towards this heading of difference in Earle and Cvetkovich's work, but their emphasis on sharing narratives potentially limits these possibilities.

Trust in Institutions

A somewhat similar dissonance to the one between closeted gay employees and the Canadian blood system occurs when we consider the trusting relationship of the Canadian public, in the broadest sense, towards the blood system. This is the kind of trust most often considered by the academic literature, the trust of an individual in an institution.

When one trusts in an institution, and here I am speaking of social trust as defined by the limiting notion of narrative sharing, it means a number of things. First, the institution can be counted on to look after your interests reliably. Second, the institution can be counted on because we share narratives with the institution, it is like us, or in Baier's words, it possesses goodwill. The reliability of an institution depends on the rules that organize it as well as its effectiveness and regularity in following these rules. Trusting in an institution implies something that, at least at first, sounds altogether odd. What, for example, does it mean to say that I share narratives with a bureaucracy? One of the characteristics of bureaucracies is that they are collections of rules and offices which can be filled in succession by various kinds of experts. Actually to possess well-grounded trust, that is trust one can be confident in, a bureaucracy must be an institution whose rules are written by individuals who share narratives with us. Furthermore, the bureaucracy would need to be structured in such a way that it will be staffed repeatedly by individuals motivated by these same narratives.

This is the kind of trust that Earle and Cvetkovich write about. While developing this kind of institutional trust may be a particularly good idea, especially if you were a hemophiliac in Canada checking up on the blood system in the early 1980s, it does not effectively describe the way in which individuals relate to institutions, especially the Canadian public to the Canadian Red Cross and the Canadian Blood Transfusion Service,

or the Canadian Blood Transfusion Service to the all-hallowed donor.

Although I believe there is much to commend in Earle and Cvetkovich's argument, I find the term 'sharing' to be unappealing. There is an altogether too friendly and democratic ring to this word, considering its potential use as a description of bureaucratic and institutional relationships. I expect that Earle and Cvetkovich use 'sharing' because it evokes the possible ways in which institutional organization could be democratically restructured, however, the term does not ring true to the roots of sociological inquiry. Even the most open or "sharing" of communities still exists as a community because of its boundaries or barriers against outsiders. While I do not deny the usefulness of Earle and Cvetkovich's terminology for a literature of institutional emancipation, this is not my subject matter, particularly as the sharing of narratives between hemophiliacs, other publics, and the Canadian Blood Transfusion Service and Red Cross, were simply limited. Rather, I am searching for a terminology that respects the darker side of social trust, its disciplinary, persuasive, and exclusionary characteristics.

I begin to strip Earle and Cvetkovich's language of its ameliorative character by asking what it means for someone whether they are an employee of the Red Cross, a hemophiliac, or a blood donor to share values and narratives with an institution? Or, more precisely, what is the character of this relationship and of the object of trust itself?

Luhmann, Earle and Cvetkovich are, I believe, correct in asserting that social trust is a complexity-reduction strategy, yet it is not just the relationship itself that is reduced in complexity. We do not often think of institutions such as the Red Cross in the terms of Weberian sociology of organizations. Rather, we consider them in more simplified terms, the 'shared' narratives of Earle and Cvetkovich. We think of an institution such as Canadian blood donors or the Canadian Red Cross as collective representations.

Collective representations represent the collective transcendence of society or of its institutions, of how they are and ought to be organized. For Emile Durkheim, the earliest forms of collective representations were religious in nature. A collective representation is an idealization or abstraction of our empirical and material conditions. He argues that just as our religious beliefs are transcendent in the sense that they are

something "added to and above the real,"[176] so are our beliefs about social institutions in modern, industrial society.

For Durkheim,

> The formation of the ideal world is therefore not an irreducible fact which escapes science; it depends upon conditions which observation can touch; it is a natural product of social life. For a society to become conscious of itself and maintain at the necessary degree of intensity the sentiments which it thus attains, it must assemble and concentrate itself. Now this concentration brings about an exaltation of the mental life which takes form in a group of ideal conceptions where is portrayed the new life thus awakened; they correspond to this new set of psychical forces which is added to those which we have at our disposition for the daily tasks of existence. A society can neither create itself nor recreate itself without at the same time creating an ideal. This creation is not a sort of work of supererogation for it, by which it would complete itself, being already formed, it is the act by which it is periodically made and remade.[177]

When the decision makers in the Canadian Blood Transfusion Service *trusted* blood donors, they did not do so in terms of a totality, a sum of individuals following intricately conceived rationalities for donation. Rather, their consideration was of an abstraction, the altruistic volunteer with safe blood.

The object of institutional trust is an abstraction or at the most a collection of abstractions. Yet, what kinds of work do collective representations perform? More traditional Durkheim scholars argue that collective representations serve to promote social integration. Political institutions such as Canada Day or the Fourth of July are portrayed as moments of collective effervescence in which the social bonds of the nation state are reconfirmed at the national level through shared ritual performance.[178] Contemporary

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[176] Durkheim, Emile. The Cultural Logic of Collective Representations. From, ***The Elementary Forms of the Religious Life*** P. 90.

[177] ***Ibid.***

[178] In Lukes, Steven. 1977. "Political Ritual and Social Integration." in ***Essays in Social Theory***. Columbia University Press: New York Pp. 57-62., the author cites a number of what he calls neo-Durkheimian accounts of collective representations utilized to create social solidarity. He begins with Edward Shils and Michael Young's interpretation of the British Coronation as a ritual

scholars of Durkheim argue that collective representations may promote social stability, but they may also promote internecine strife within society by providing rallying points for forces that destabilize the status quo.[179] The complexity reduction strategies called social trust and distrust by Earle and Cvetkovich function through collective representations. Rather than saying that we share narratives, what Durkheim would ask us to believe is that our attitudes of trust or distrust coalesce around collective representations that serve to promote or disestablish social cohesion.

Steven Lukes argues that the traditional interpretation of collective representations as integrative of social values is too simplistic. Rather, they serve to focus cognitive power in the very same sense that Durkheim claims the collective representation of the state is "the very organ of social thought."[180] Once we begin to consider the collective representation as persuasive in nature, Lukes argues that we can begin to interrogate collective representations in an entirely new way from the more traditional Durkheimians.[181] Social trust becomes just another form of ideology, power, legitimate authority, disciplinary procedure, or governmentality to use just some of the descriptors available from the sociological lexicon.

Social trust and reliability are only two of the myriad possible attitudes that an individual may possess towards collective representations. They may be respected by

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where social values and norms are reaffirmed and consolidated. Lukes also refers to Lloyd Warner's study of Memorial Day ceremonies in the United States and Sidney Verba's account of the popular reaction to the Kennedy assassination. See Shils, Edward and Michael Young. 1953. "The Meaning of the Coronation", ***Sociological Review***, n.s. Vol. 1. P. 63., Warner, W. Lloyd. 1959. ***The Living and the Dead: A Study of the Symbolic Life of Americans***. New Haven: Yale University Press., and Verba, Sidney. 1965. "The Kennedy Assassination and the Nature of Political Commitment" in ***The Kennedy Assassination and the American Public: Social Communication in Crisis***, ed. B. S. Greenberg and E. B. Parker. Stanford: Stanford University Press.

179 Lukes, Steven. P. 62.

180 Durkheim, Emile. 1957. ***Professional Ethics and Civil Morals***. London: Routledge and Kegan Paul Ltd. p. 51. Also see Lukes, Steven p. 68. Another very instructive source is Sayer, Derek. 1991. ***Capitalism and Modernity: An Excursus on Marx and Weber.*** London: Routledge. P. 79.

181 Lukes, Steven. Pp. 68-73.

traditionalists, cynically abused and manipulated by marketing strategists and political manipulators, or criticized by reformers. What social trust and reliability have in common beyond other attitudes towards institutional collective representations is the implication that the person holding that attitude believes the institution to be legitimate, or following Lukes' interpretation of Durkheim, they have been persuaded to believe in an institution's legitimacy. By legitimacy I mean much the same thing as Max Weber who defined "the legitimacy of a system... as the probability that to a relevant degree the appropriate attitudes will exist, and the corresponding practical conduct ensue."[182] Social trust is then a form of legitimacy. It is the assurance that our reliability or confidences are well placed.

Weber argues that there are three ideal types of legitimate authority. The one with the greatest relevance to the blood system would be rational grounds "resting on a belief in the legality of enacted rules and the right of those elevated to authority under such rules to issue commands (legal authority)."[183] Reliability in the institutional sense is an attitude based on the legitimacy of rational grounds. Reliability implies that an institution will look after the public's interests and act in a predictable manner. The legal-juridical narratives associated with state-run bureaucracies are representative of such behavior. Bureaucracies present themselves as impartial, efficient and accountable. Such narratives support an attitude of reliability toward the bureaucracy. Of course many counter-narratives exist such as ones of corruption and inefficiency. The narrative of cost-benefit may often be used to play both sides of the argument: A bureaucracy is reliable because it get things done for the least cost, versus the bureaucracy that refuses to spend enough money to protect the public's interests.

Although the uses of trust and reliability overlap a great deal in the vernacular, there are some differences that exist aside from the notion of trust as entailed by promise. There is something enlightening about Annette Baier's definition of trust as reliability assured through good will that helps my understanding of the specifics of the Canadian blood system. Setting aside the promise of trust for the moment, what can thinking of

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182 Weber, Max. from ***Economy and Society***, Vol. I. P. 114.

183 Weber, Max. from ***Economy and Society***, Vol. I. P. 115.

trust as an attitude of reliability assured by good will tell us about the difference between the Canadian blood system and other institutions such as banks. We think of a bank as reliable, such instances as the U.S. Savings and Loan scandal aside, but many people believed that the Canadian Red Cross was trustworthy. Trust requires something more than reliability. In the case of a bureaucracy, it implies impartiality, efficiency and accountability, yet the accountability dimension is further expanded. An institution is reliable because of outside checks and balances. An institution is trustworthy because their reliability is insured by their goodwill towards those they serve. In the case of the Canadian Red Cross this goes somewhat beyond the three ideal forms of legitimate domination described by Max Weber. Any trustworthiness granted to the Canadian Red Cross may be supported on the rational grounding implied by its bureaucratic nature and its links with the Canadian state. However, the goodwill implicit in the move from reliability to trust in the Canadian Red Cross implies something more than the rational grounding of bureaucratic institutions.

The legitimacy of the Red Cross rests upon the sanctity, heroism, voluntarism or goodness of the institution. Charitable institutions such as the Red Cross continue to be respected for more than the legitimacy of its bureaucratic organization. That it continues to do so, that the Red Cross managed to maintain the respect consonant with the legitimacy of a trusting relationship founded on goodwill, rests upon the belief that it is staffed with exemplary characters. The representations of the Canadian Red Cross volunteer generally available to the Canadian public support this conclusion. Witness Mary H. Conquest whose biography begins with a description of her as radio personality:

> One voice on the Western air waves kept its hold on the imagination of listeners, rural listeners in particular, from the early 1920's, the days of ear phones and crystal sets to the middle 1950's. It was the cheery Scottish voice of the Red Cross Radio Lady... Even the name of the program never changed. She brought you chatty news of what was going on in Red Cross. She talked to interesting guests, many of them celebrities, many of them handicapped. She read to you, delightfully, – gems from Dickens, Shakespeare, verses by Patience Strong or Wilhelmina Stitch, quips from Punch, the philosophy of Rabinadrath Tagore or of the Bible – and threw in good recipes for treacle scones or rhubarb jam. To the children she told

> stories with a good health moral, and they loved them. You turned the radio off after her broadcast feeling as if you had taken in a deep draught of fresh mountain air, and you were ready to tackle anything.[184]

This description is undoubtedly somewhat overblown. It is difficult for me to believe in rapt rows of children soaking up her tales of good hygiene, although I have little difficulty imagining such a representation. Nevertheless, this selfless characterization is hardly uncommon. Other representations with a great deal of currency include the many women volunteers who drove ambulances during the 2nd World War, and contemporary forms such as first aid instructors, the blood donor, and international relief workers. The most common narratives associated with public representations of the Red Cross, at least prior to the tainted-blood scandal, were those that impressed upon us the sanctity and goodwill of the Red Cross volunteer.

As a consequence of these understood qualities the Red Cross had much more to uphold and much further to fall than your usual governmental or for profit institutions. When the Canadian blood system violated the trust placed in it by the public, it not only perturbed the public's opinion of the blood service, but it potentially troubled their trust in the narratives that legitimated the activities of the blood system.

A pattern emerged earlier in this chapter when I recounted Earle and Cvetkovich's critique of Kasperson's notion of social trust. Earle and Cvetkovich considered Kasperson's theory really to be an account of an individual's confidence in others. Perhaps, the same is also true of Earle and Cvetkovich's idea of social trust. In his book, ***The Problem of Trust***, Adam Seligman holds to just such a claim. According to Seligman, confidence implies that the confided in has systematically-defined role expectations. Trust is a phenomenon that operates when these expectations break down, under liminal conditions.[185] Confidence is "... the existence of systematically defined

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184 Cormack, Barbara Villy. 1960. P. 9.

185 Seligman, Adam B. 1997. ***The Problem of Trust***. Princeton University Press: Princeton, New Jersey. P. 25.

modes of exchange and reciprocity in society."[186]

Seligman addresses the phenomenon of trust as provoked by collective representations. He refers to "imputed familiarity" or, "an assumed sharing of strong evaluations"[187] as the basis of this 'trust' or confidence in collective representation or shared narrative, to use Earle and Cvetkovich's terminology. We assume that another person is like us, or reliable in the same ways that we are because they share, or seem to share, certain qualities with us. This kind of confidence is pretty reasonable if we know that person and their qualities well. It is foolish and potentially dangerous when we make these assumptions of familiarity of Red Cross personnel about such abstractions as Canadian donors or gay men. The Red Cross employees who developed donor screening questionnaires without consulting any of the men actually at risk from AIDS given their sexual practices do not engender confidence. In such instances, confidence was sorely mistaken as these donors did not behave in the ways expected by most risk managers.

Seligman rightly calls this reliance on abstraction a form of credibility rather than trust. He is certainly correct that trusting in abstractions operates in much the same way as credibility. Furthermore, trust is based upon a belief that the collective representations of an institution belie some degree of goodness on the part of the actual institution. These shared narratives or collective representations may be particularly effective at generating attitudes such as trust, as characterized by both Baier and Earle and Cvetkovich, but they are also likely to generate dangerously uninformed forms of reliance.

Such forms of reliance are a turning away from alterity. The fundamental difference of otherness is diminished or ignored when we rely upon previously legitimated forms of confidence. The credibility described by Seligman debilitates us in our encounters with otherness. Our encounters with the future, with uncertainty, are blinkered by the collective representations on which our reliance is founded, preventing us from hearing the voices of difference.

These forms of reliance were particularly dangerous for Canadian hemophiliacs. I

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186 *Ibid.* P. 44.

187 *Ibid.* P. 70.

have already demonstrated how the trust placed by employees of the Canadian blood system on such institutions as the good Canadian donor, voluntarism, and the principle of self-sufficiency instituted as a form of national character were to complicate and postpone the development of safe policies and practices for the blood system. There is a lot more that will be said about the mistaken trust or confidence placed in institutions such as the Canadian blood system, but that will wait for the second part of this dissertation where I make a focal shift from the blood system in the early days of the disaster to the movement of the blood system, as scandalous object, into the Canadian national conscience. Now I will turn my attention away from the discussion of the trusted institution to some representative descriptions of specific calculations made against the promise of trust in the other conducted during the early days of business as usual.

Trusting the Other

By trusting the other, I am writing of a reliance that assumes a less determined orientation than the forms of credibility described by Seligman. Trusting the other does not refer to a reliance legitimated by the assurances of familiar collective representations such as self-sufficiency, good donors or so on. Rather, trust in the other beckons beyond such cozy, yet dangerous, assurances.

The case of Drs. Tom Bowen and Barry Isaacs, described in the preceding chapter, are evocative of trust as other directed. Dr. Isaacs described the relationship between hemophiliacs and their doctors in the Calgary area in this reference to the Canadian Hemophilia Society:

> As the society grew and as the information grew along with it, the doctors and the patients worked very closely together as a team. There was a great deal of trust between the doctors and the patients and the patients' families. The doctors in fact were very active lobbyists on our behalf to try and get the best kinds of care, not certainly all over Canada, but in certain areas in Canada. They were right out there manning the barricades and trying to get the best for us.[188]

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[188] *KIT*. VOL 35. P. 7015.

This describes a very different kind of trust from the legitimated reliance on abstraction catalogued earlier. This kind of trust intimates a strong relationship between professionals and their patients, a relationship of mutual respect. This is reinforced when Barry Isaacs relates his relationship with a Calgary area hematologist and the then medical director of the Calgary Red Cross Blood Transfusion Service:

> Dr. Tom Bowen, who is quite a close friend... had asked me if I would mind doing some research into viral infection in blood, specifically looking at any differences that might arise between blood systems that depended upon purchased plasma and blood systems, whereas in Canada the plasma was derived from voluntary donors. He indicated to me that he didn't have the resources in his depot to do anything like this and, as research was, to be colloquial, my bag, perhaps I could do that, and I agreed and obtained the information for them.[189]

This is of course a special case as they were friends, but the friendship between the two men is of some importance here. It was in part, because of this friendship, that Dr. Bowen asked Barry Isaacs to do this research. Dr. Bowen was in effect, trusting Barry Isaacs to be himself. He trusted that if Barry Isaacs was asked for his help, that he would comply. Dr. Isaacs' research concluded that much of the concentrate that the Red Cross was distributing came from unsafe sources, or at least sources over which the Canadian blood system had little control. Barry Isaacs recommended that the Calgary branch of the Red Cross ought to administer cryoprecipitate, a product over which the Calgary group could have immediate control, instead of just concentrate as did many clinics.[190] Consequently, Calgary had one of the lowest HIV infection rates in Canada. Only eight hemophiliacs contracted HIV in Calgary as opposed to 22 in Edmonton, a city of similar size just three hours north of Calgary.[191] We cannot expect a friendship as fortuitous as the one between Dr. Barry Isaacs and Dr. Tom Bowen to come along that often, but friendship is just the

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189 ***Ibid***. P. 7004.

190 ***Ibid***. P. 7007.

191 Picard, André. 1995. P. 99.

most likely relationship to foster calculations of the promise of trust in an other direction. The involvement of gay men in the development of donor screening procedures is another instance where this kind of calculation was described, if only rarely.

As outlined in the preceding chapter, there was a great deal of tension between representatives of groups at high risk for AIDS and the Red Cross. Many involved in the Winnipeg blood system during this period tell a different story, one where this tension was moderated in the development of donor screening and deferral policies through the trust placed in these individuals at risk for AIDS by local representatives of the Canadian Red Cross. For example, in the preceding chapter I wrote about the recollections of Dr. Marlis Schroeder who recalled encouraging trusted outsiders to assist her in writing official Red Cross policy. Such a trust implies a radically distinct character to the relationship between Dr. Schroeder and the blood system's others, compared to the one exhibited in the unthinking reliance on the collective representation of the good, healthy and naturally-straight Canadian donor described earlier. Dr. Schroeder recognized her relationship with these men in terms of responsibility, and she welcomed this relationship. Gay men were treated as responsible beings, not only capable of making intelligent decisions, but concerned with the ramifications of their actions on the health of others. They did not betray Dr. Schroeder's trust, as indicated by the utility of the co-authored pamphlet and further evidenced by the fact that Manitoba had the lowest transfusion HIV infection rate in Canada, in spite of a proportionately large gay population.

Dr. Schroeder was not the only representative of the public health care system to foster a relationship of trust with gay representatives in Winnipeg. At the inquiry, other members of the Manitoba public health care system testified about this relationship. Three of these people were members of a committee called MACID.[192] The first was Dr. Gregory Hammond, the Head of the Virus Detection Laboratory at the Cadham Provincial Laboratory since 1979 and, at the time of the inquiry, the Director of the Provincial Laboratory and Imaging Services Branch since 1984. Another was Patricia Matsuko, a

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192 *KIT*. VOL 51 P. 10403. MACID either stands for Manitoba Advisory Committee on Infectious Disease or Ministers Advisors Committee on Infectious Disease. The members present before the inquiry could not recall!

Public Health Nurse who was Program Director of the Sexually Transmitted Disease and AIDS Programs for the Province of Manitoba from 1979 to 1992 and currently the Program Specialist for Infectious Diseases. A third was Dr. Margaret Fast, an infectious disease specialist who, from 1982 to October 1985, was the Assistant Provincial Epidemiologist, and from November 1985 until September 1991, was the Director of Communicable Disease Control in the Community Health Services Division. From January 1990 to March 1992, she was Chief Medical Officer of Health[193]. At the time of the Inquiry she was Assistant Director to Dr. Hammond at the Laboratory. Although she did not become the Director of Communicable Disease Control until 1985 she had been assigned to the issue of AIDS from 1983 onward by her predecessor in the position, Dr. Eadie.[194]

MACID was re-formed out of another committee called the CPL-PMS Committee, an acronym for the Cadham Provincial Laboratory and Preventive Medical Services Committee . Dr. Hammond was chair of this committee in the early 1980s. During this period, he decided that MACID, a committee that he described as "having lost its way...", ought to be "resurrected... as a vehicle for communication among people interested in Public Health issues in the province. Also for advising and directing on policy matters, it would be advisory to the government."[195] Dr Hammond, the chair of MACID, reported directly to the Manitoba Deputy Director of Health, the most senior person within the health ministry.[196] He reports that in 1985 the problem with HIV had become serious enough that they formed a subcommittee devoted specifically to HIV.[197] The HTLV-III[198] subcommittee was comprised of representatives of "the Department of Health, with the

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193 ***Ibid***. P. 10399

194 ***Ibid***. P. 10400

195 ***Ibid.*** P. 10404.

196 ***Ibid***. P. 10405

197 ***Ibid.***

198 HTLV-III was an earlier name for the virus which would eventually be called HIV.

three members that you have already informed the Commission about, Pat Matusko, Dr. Fast and myself. We had representation from individuals at risk for HIV infections. This specifically included individuals who had interests in HIV around gay issues and individuals who represented the hemophiliac community. It was a small working committee, composed of, I believe, seven individuals."[199] Dr Hammond then confirms that this was the key group of people... within the province dealing with the AIDS-HIV issue at that time."[200] A committee that was to "serve as a co-ordinating body to help set priorities, policies and determine directions for the greater understanding and hopefully control of HTLV-3 infections with the input of the medical community and representatives of medical issues of the gay community."[201] What Dr. Hammond describes is a series of committees that take the participation of those affected by HIV seriously. In fact, three of the members of the HTLV-III committee were gay men.[202] The HTLV-III committee may have not been formed until 1985, but the composition of this committee reflects a prior commitment to trusting those outside of the official public health establishment.

Dr. Fast recalls that in the early stages of the AIDS epidemic the gay community assisted her greatly:

> Clearly, we couldn't have done it without them. I think perhaps it is important for people to recognize as well that back in the early eighties most of us in the public health field did not know that much about gay issues, except maybe people like Ms Matsuko who had been working in STD control for a longer period of time. When we began meeting with the gay community, I think there was a lot of suspicion perhaps and lack of trust on both sides. So they had to learn to trust us and we had to learn to trust them as well, and recognize that we had a common agenda here, which was to do something about HIV infection. Our approach in Manitoba had always been, with people who were at risk of HIV infection, to try to work with members of the community. We didn't see that we had to necessarily go and speak to every gay man in this instance but that we

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199 ***KIT.*** Vol. 51. P. 10406.

200 ***Ibid.*** P. 10407.

201 ***Ibid.*** P. 10408.

202 ***Ibid.*** P. 10413.

> had to do it through their representation. So, clearly, we couldn't have done it without them.[203]

The suspicions on the part of gay men mentioned by Dr. Fast were certainly warranted. Much like the rest of Canada, there was an open climate of homophobia in Manitoba. Prior to 1987, the Human Rights Act in Manitoba did not protect individuals discriminated against because of their sexual orientation. Dr. Hammond described these fears as ones of "identification and potential exposure... In other words, the loss of confidentiality, and potentially the fear of jobs and living accommodations."[204] Dr Fast concurred with Dr. Hammond. According to her,

> the three gay members of our HTLV_III Subcommittee felt very strongly that there was a lot of homophobia in the community. Around that time as well– and I'm not sure exactly what things were like back in 1983 – the issues of HIV infection and homophobia became all sort of intertangled. The fear of many of the gay men was that, if their HIV status was to be recognized, their sexual orientation would also be recognized.[205]

Before the inquiry, Dr. Fast elaborated on a letter that she and Dr. Hammond discussed at a meeting of the CPL-PMS on February 7, 1983. At this meeting they discussed "a letter from Positive Parents of Canada which asked the Minister of Health to use his clout to shut down homosexual encounter centres and have warning notices posted in homosexually operated dining and drinking establishments."[206] Dr Fast said there were two sides to the argument concerning shutting down the bath houses. The first was that they provided an outlet where further unsafe sex could transmit the disease. She counters this with her claim that the bathhouses were the ideal place to communicate information about AIDS and furthermore, they were one of the few places where closeted gay men and bisexual men could be reached. If the bathhouses were to be shut down, then a great

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203 ***Ibid.*** P. 10415.

204 ***Ibid.*** P. 10412.

205 ***Ibid.*** P. 10413.

206 ***Ibid.*** P. 10411.

number of men who did not necessarily identify themselves as gay and who did not participate in gay organizations but who did have frequent sexual encounters with other men, would not be contacted.[207] Dr. Fast's argument reflects a markedly more subtle understanding of the various subject positions of men who have sexual intercourse with other men than did the officials at the Red Cross who simply proclaimed that gay men should not donate blood.

Regardless of these fears and tensions, these public health officers were able to deal successfully with representatives of the Winnipeg gay community. In part, this was due to an earlier relationship developed during an outbreak of syphilis amongst gay men in Manitoba. Ms. Matsuko describes this relationship

> My first association was much earlier, in the 1970s, when we had an outbreak of infectious syphilis. That necessitated our working very closely with the leaders of the gay community. So we built a relationship earlier than the 1980s and, I think, were much better for it, having done that earlier on a different, but similar issue.[208]

In spite of a climate of homophobia in Manitoba, health professionals in Winnipeg recall that they were able to establish trusting relationships with representatives of the Winnipeg gay community, relationships that were to inform public health policy and have a serious impact on the blood system in Manitoba.

In Conclusion

Trust ought to have a prominent position in discussions of public health and risk management. However, this discussion of trust needs to be focused on ways to encourage the trust of individuals working for public institutions in the publics whose interests are impacted by their policies. It is no surprise that most of the discussion of trust in the context of risk management and public policy has been oriented towards the trust of various publics in large public institutions. Of course the distrusted want trust. Distrust is

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207 *Ibid.* P. 10417.

208 *Ibid.*

a strong and often hurtful emotion and the distrusted are likely to want forgiveness. Confidence, however, is the most that we ought to offer our institutions whether they be abstractions such as the collective belief in good Canadian donors being HIV free or major public institutions such as the Canadian Red Cross. These institutions channel our activities into well ordered, seemingly certain and systematically determined courses that do not allow for the possibility that our future may bring us into encounters for which we are utterly unprepared. This was evidenced by the appearance of HIV on the world stage and the role that homophobia and other such prejudices played in the criminally slow acquiescence of public institutions to the appeals from gay men and hemophiliacs to take AIDS seriously. Trust in these abstractions only delivered the gift of death and undermined the very same moral economy they were understood to legitimate.

Confidence or reliability imply an economy of accountability and adjustment where institutions must continually justify their usefulness and adaptability when it comes to protecting their publics from the uncertain and hazardous weight of the future. Institutions are not people, although many individuals may be identified with institutions. It is understandable why somebody who represents themselves through a collectively-imagined representation would prefer the representative institutions to be trusted, as opposed to some more lukewarm attitude such as confidence or reliability. These emotions just do not have the same impact, the same appeal, as does trust. Well-grounded confidence is, however, the best that one ought to offer an institution.[209] Trust ought to be a gesture towards the other, not towards an abstraction.

The appropriate place for a demand of trust in a discussion of risk management and public policy is with the individual affiliated with a public institution *entrusted* with the welfare of the public. If these individuals are to cultivate their moral selves, then they must make gestures calculated on the promise of trust towards the others of expertise.

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[209] On this point see Cynthia Hardy who demonstrates that situations where some degree of conflict is encouraged are more likely to protect minority interests than do the consensus building or collaborationist models favored by narrative sharers and communicative rationalists. Hardy, Cynthia. 1994. "Underorganized Interorganizational Domains: The Case of Refugee Systems. In ***Journal of Applied Behavioral Science.*** Vol. 30. No. 3.

They must exhibit the virtues of humility and accommodation and a trusting openness to the other as a source of useful knowledge. They must be more certain of the potential uncertainties plaguing the stable representations that support most deliberations from a position of institutionally bounded expertise.

Part Two: Kicking the Paltry Windbags

And now was acknowledged the presence of the Red Death. He had come like a thief in the night. And one by one dropped the revelers in the blood-bedewed halls of their revel, and died each in the despairing posture of his fall. And the life of the ebony clock went out with that of the last of the gay. And the flames of the tripods expired. And Darkness and Decay and the Red Death held illimitable dominion over all (E. A. Poe, ***The Masque of the Red Death).***[210]

Justice?–You get justice in the next world, in this world you have the law (W. Gaddis, ***A Frolic of His Own).***[211]

At one point, the joint problems of HIV infection and tainted blood were specialized, primarily the concerns of hemophiliacs and haematologists. An examination of newspaper articles from 1982 and early 1983, the year that AIDS really broke as a story, reveal very little about the internal workings of the Red Cross. These articles are primarily boosterism: "gee whiz" stories on new transfusion technologies;[212] the goodness of volunteers;[213] and the need for new blood donors.[214] All of these pieces make evident the centrality of the gift of life to the discursive production of the moral economy of the Canadian blood system. Initially, the Red Cross, as the fronting institution of the Canadian blood system, was widely regarded as a benevolent service organization.

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210 Poe, Edgar Allen. [1845] 1983. "The Masque of the Red Death." in ***The Works of Edgar Allen Poe.*** London: Octopus Books ltd. P. 617.

211 Gaddis, William. 1994. ***A Frolic of His Own***. New York: Poseidon Press. P. 1.

212 "New mixture could replace real blood in emergencies." ***Globe and Mail***. December 17, 1979. P. 1.

213 March, William. "Rigid Schedule for Plasma Donors." ***The Halifax Chronicle Herald***. November 29, 1982. P. 8.

214 "Blood count up as phone blitz located donors." ***Globe and Mail.*** January 30, 1980. P. 5. And "Red Cross blood supply running short" ***Globe and Mail***. September 20, 1980. P. 5.

Despite long-standing criticism of the Blood Transfusion Service and Red Cross by consumer groups such as the Canadian Hemophilia Society, the Blood Transfusion Service remained largely invisible, apart from the publicity regularly accorded to blood drives and the aforementioned encomiums.[215]

In December of 1982, the discussion on AIDS and blood transfusions expanded beyond the confines of the blood system. The story "Homosexual, addicts' disease found in children" in the Winnipeg Free Press was to signal the opening of a discursive fissure in the Canadian press between the moral and the 'actual' economies of the Canadian blood system. Over the next several years this discussion developed a broader audience, and eventually transformed into a public crisis of conscience,[216] followed some years later by what was called by many a "crisis in confidence" as blood donations plummeted to dangerously low levels.

Friedrich Nietzsche once wrote our "proud awareness of the extraordinary privilege responsibility confers has penetrated deeply and become a dominant instinct."[217] This instinct, Nietzsche called our 'conscience.' For Nietzsche, the ability of humans to make promises–he called humans promise-keeping animals–was rooted in our conscience, our will to responsibility. According to Nietzsche, those possessing the will of conscience will "inevitably reserve a kick for those paltry windbags who promise irresponsibly and a rod for those liars who break their word even in uttering it."[218] The concluding section of this monograph is about kicking the windbags and applying the rod. But before I discuss the final blow delivered to the Canadian Red Cross by the federal government of Canada, I

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215 This assertion is based on an exhaustive reading of indexed newspaper and magazine articles published in Canada during the period in question. For more detail see Appendix C where I discuss textual resources.

216 The very first article linking AIDS with hemophilia was published in a widely read Canadian newspaper. (AP) "Homosexual, addicts' disease found in children." ***Winnipeg Free Press***. December 11, 1982. P. 15.

217 Nietzsche, Friedrich. [1887] 1956. ***The Birth of Tragedy and the Genealogy of Morals***. New York: Doubleday & Company, Inc. P. 191-192.

218 ***Ibid***. P. 191.

examine the evolution of a public discourse on bad conscience in the Canadian press. Central to this discourse were numerous attempts to identify and administer 'the rod' to the 'paltry windbags' and 'liars' who irresponsibly broke the guiding promise of the blood system: the gift of life.

The second part of this monograph is devoted to the elusive promise of justice. Justice demands that not only should present-day activities be brought into synchronization with moral norms, but past failures to meet these norms are to be dealt with and corrected. Achieving justice means that one has set things right again. As such, its attainment is fleeting, perhaps impossible. Much in the same way that calculations on the promise of trust become reliability, and calculations against the gift descend into reliability and confidence, the pursuit of justice, once stilled, becomes revenge, forgiveness, a matter for legal procedure, or other such closing actions. Within the legitimated structures of the modern state, this dynamic takes the form of a call for justice, followed by the evolution of discourses of blame, then accusation and indictment or acquittal. This demand for justice, however, is never truly quelled. To set affairs truly straight, justice must promise a return to a prelapsarian state, before the act that necessitated justice's demand. Vengeance, forgiveness, legal indictment or acquittal cannot promise such a return. Only the force of oblivion comes close to answering such a promise, but new circumstances will often stimulate the conscience once again to recall forgotten misdeeds.

As the number of media representations of tainted blood slowly escalated, a plethora of conflicting stories identifying responsible parties for the tainted-blood scandal were aired. Here we see the beginnings of a fissure opening between moral and descriptive economy as it became widely available knowledge that the gift of life had instead become a gift of death. This fissure, however, left the Canadian public with little to go on as far as establishing responsibility or legitimating a satisfying reply to the misuse of their blood donations. While it was clear from reading the newspaper coverage of the blood scandal that there was a strong demand for justice, for the allotment of responsibility, it was unclear who precisely was at fault. The Canadian Red Cross was to become the official scapegoat, but I had difficulties establishing such a clear picture from

reading the accounts presented in the Canadian press. One article might represent responsibility as broadly distributed across a series of public institutions including Health Canada, The Bureau of Biologics who were supposed to be regulating the activities of the Red Cross, and the provincial governments who were partly responsible for funding the blood system. Another article might focus on a single institution, and media representatives of the far right such as the ***Western Report*** would blame gay men for the spread of the disease.

In order to write about discourses on the pursuit of justice, I make some rough distinctions between three calculations against its promise: blame, accusation and indictment. Blaming is predominantly a personal act. When I blame somebody, I question their responsibility for a particular action. There is nothing final about the act of blaming, as the act of blaming only disturbs the blamed subject's position rather than entirely separating it from public life. Accusation and indictment are distinctly public acts. They are, at least in regards to the modern state, the process of blaming and judgment given the legitimacy of the state. As such, the consequences of accusation and indictment are more extreme than that of blaming. The legitimacy of the state may authorize the final severance of the accused from the everyday moral universe. In criminal cases, the accused may be finally removed as in the cases of execution, permanent exile or life imprisonment or they may be temporarily removed as are prisoners serving a sentence. One could say that the accused and indicted criminal is excreted from the body politic.[219] Although pinched from the context of a discourse on criminality and jurisprudence, these distinctions are useful elsewhere. The criminal justice system is not the only discursive field where the legitimating power of the state is expressed as accusation and indictment. The blood scandal is representative of a series of blaming events culminating in an accusation and indictment by the Federal Ministers of Health of the Canadian Red Cross, and the severance of the Red Cross from the blood system in favor of the new Canadian Blood Services.

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[219] This insight is owed doubly to discussions with George Pavlich and Doug Aoki and my reading of LaPorte, Dominique, 2000. ***The History of Shit***. Cambridge: MIT Press.

The public discourse on justice and responsibility as reported in the Canadian popular print media is at least partially constitutive of public memories of the blood scandal. I have broken the evolution of this discourse into four roughly-designated periods. From late 1982 to the late 1980s came the slowly growing awareness of AIDS as a problem for hemophiliacs and the early attempts to fix responsibility for these infections. The second period centers around the sudden public awareness of the problem of hepatitis C, another virus transmitted through sanguinary pathways that was seriously to endanger the health of Canadian hemophiliacs. The hepatitis C story was coeval with the Krever Inquiry. It did not hit the popular press until the early to mid-1990s but its press coverage, if late, was extensive. There is a supplementary quality to the coverage of the hepatitis C infections as if the victims of this virus were fighting to be treated as something other than an addendum to the tainted-blood scandal. The press coverage located the decisions that lead to transfusion infections of hepatitis C between 1986 and 1990. Hepatitis C served to remind the Canadian conscience that very little had changed in the Canadian blood system. These first two periods correspond to my description of blaming even though they are public events. They are periods of blaming because their overall character is open ended. They may be composed of numerous attempts at accusation, but each accusation is followed by another newspaper article that contradicts or complicates the earlier story.

I then examine Justice Horace Krever's Commission of Inquiry on the Blood System in Canada. The commission underwent and generated a great deal of public scrutiny. Krever's final report broadly distributes blame among a number of culprits, many of them direct representatives or institutions of the Canadian state. Also of interest is the coverage of a court case filed by numerous plaintiffs against Krever's authority to make findings of blame (to make accusations that would be admissible in a court of law) against those responsible for the blood scandal.

Finally, there is the period of accusation and indictment when the Federal Ministers of Health chose to remove the Red Cross from the Canadian Blood System and to replace it with Canadian Blood Services. This replacement was not immediately successful. A tremendous controversy over the compensation of hepatitis C victims had not yet been

resolved. It took the removal of this thorn in the heel of the Canadian conscience in tandem with assurances–in the form of television advertisements, newsletters, phone calls and other missives–from the nascent Canadian Blood Services that the sacred nature of the gift of life would continue to reign supreme in the Canadian blood system, to return finally the reborn system to pre-scandal levels of public confidence.

Chapter Four: Tainted Blood Goes Public

The first instance of bad press for the blood system concerning AIDS was a newspaper article published in the ***Winnipeg Free Press*** noting "a baffling killer disease that had been thought to afflict mainly homosexuals and drug users has now shown up in 20 children... Two of the children were hemophiliacs, who require frequent blood transfusions... doctors suspect the syndrome is transmitted through blood transfusions."[220] The Blood Transfusion Service was to come under public scrutiny as newspapers began to publish stories on the infection of children and other blood transfusion recipients with HIV. In this chapter I examine the first attempts to understand and find blame for the slights against the gift of life signaled by these early newspaper articles.

Roy Wagner argues that journalism, as a form of

> interpretive culture, provides a meaningful context for the living of everyday life... It addresses itself to its public, however this may be conceived, and presents this public with an image of current history called 'the news,' a kind of serialized, factual world picture. The news draws its authority from the significance we attach to history, yet it is not history in the orthodox sense, but a reporting of events as if they were viewed from the perspective of an idealized history. The resultant air of objectivity serves journalism and the news industry as an *esprit de corps*.[221]

News accounts of the blood scandal present us with an idealized, *objective* history, a history which forgets, that reconstructs, the history of the preceding day. This produces accounts of causality and blame that shift their focus from one news story to the next. It is this history produced through the readily-available accounts in the media, specifically the print media, that I refer to as public memory rather than the memories constituted through the relatively hermetic discourses specific to the blood system such as the testimony of the

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220 (AP) "Homosexual, addicts' disease found in children." ***Winnipeg Free Press***. December 11, 1982. P. 15.

221 Wagner, Roy. 1975. ***The Invention of Culture.*** Englewood Cliffs, New Jersey: Prentice-Hall Inc. P. 61.

Krever Inquiry or the specific remembrances of participants in the blood scandal.

Media accounts impinge upon public memory and the accounts of the blood scandal did so with a special efficacy. Almost every newspaper article published on the tainted-blood scandal includes words to this effect: "In the 1980s thousands of people were infected by transfusions of unsafe blood or blood products–more than 1,200 with HIV and 12,000 with hepatitis C."[222] Or, "thousands of Canadians were infected by bad blood in the 1980s... The victims' groups want to know 'the names of the people responsible for killing us.'"[223] Every account makes some reference to victims or the dead and dying. It is the authority granted by the dead and dying that allow these journalists to carry their points so poignantly.

Karl Marx tells us that just as men "seem engaged in revolutionizing themselves and things, in creating something that has never yet existed, precisely in such periods of revolutionary crisis they anxiously conjure up the spirits of the past to their service and borrow from them names, battle cries and costumes in order to present the new scene of world history."[224] These articles rely on just such a conjuring act. Dead and dying hemophiliacs give the newspaper the impact of crisis, and the popular media are the performance space in which public memory is enacted in the making of a new world, a world where blame must be accounted and justice meted out to deal with the monstrously perverse transformation of the gift of life into the gift of death.

Some of the earliest popular newspaper articles that link AIDS to blood transfusions mention the death or infection of infants with the 'gay plague.' Many of these articles focus on the fact that AIDS is not just a disease of groups marginalized by Canadian society such as homosexuals, Haitians and IV drug users any more. A disease of the dispossessed moved to the center, to the core of family values, to infants. As Dr.

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222 Canadian Press. "Quebec will manage its own blood supply." ***Vancouver Sun***. October 23, 1997. P. A8.

223 Galloway, Gloria. "Tell us before we die: Victims: Inquiry must lay blame now recipients of tainted blood say." ***Winnipeg Free Press***. April 19, 1996. P. B2.

224 Marx, Karl. No date of publication. ***The Eighteenth Brumaire of Louis Bonaparte***. Foreign Languages Publishing House: Moscow. p. 15.

James Oleske–a doctor studying infants with the new disease at the University of Medicine and Dentistry of New Jersey Hospital–put it, "the appearance of AIDS in children is disconcerting and upsetting to us all."[225]

This article in the ***Winnipeg Free Press*** was the first of many newspaper articles to be published in Canada on hemophiliacs and tainted blood.[226] Although it dealt with the death of American rather than Canadian infants, it only foreshadowed an article published just a month later in the ***Montreal Gazette*** titled "Canadian health chiefs call summit amid new fears of AIDS epidemic." Reporter Margaret Munro informs us that a Montreal infant was born with the disease last fall, only to die shortly afterward. "And recently a hemophiliac, believed to have picked up the disease from a blood donation , was reported showing signs of the disease, which kills seventy percent of its victims." Munro quotes "Dr. Alastair Clayton, head of the federal Laboratory Centre for Disease Control, [who] fears 'we're on the threshold of an urban epidemic of AIDS.'"[227] Clayton identifies a number of vectors including infected blood products used by hemophiliacs. It was this initial news coverage that was to blossom over the next several years into a full-scale media blitz on the Canadian Blood Transfusion Service and its role in the infection of hemophiliacs and other recipients of blood products.

The Blood Transfusion Service always functioned in the background. It was mostly brought to the attention of the average Canadian news reader in a positive light and during blood drives as evidenced by newspaper articles with titles such as "Yule spirit at

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225 (AP) "Homosexual, addicts' disease found in children." ***Winnipeg Free Press***, Saturday, December 11, 1982. P. 15.

226 There may have been earlier accounts, but this is the one that I have identified as the first such article in a widely read newspaper. I came to this conclusion through the use of the ***Canadian Newspaper Index*** where I examined such categories as hemophilia, homosexuals, blood, the Red Cross, AIDS, GRIDS, HIV and so on. I could find no reference to hemophiliacs and AIDS prior to the December, 1982 article.

227 Munro, Margaret. "Canadian health chiefs call summit amid new fears of AIDS epidemic." ***Montreal Gazette***. January 26, 1983. P. I3.

Red Cross clear as more giving blood."[228] The two articles mentioning AIDS in connection with hemophiliacs and blood transfusions were to signal a sea change in coverage of the blood system. Suddenly, the inner workings of the Red Cross and the Canadian blood system as a whole were in question and an entirely different, more investigative kind of reportage was to turn its gaze towards the Blood Transfusion Service, transforming the multiple events of blood contamination into the tainted-blood scandal.[229]

Every statement in relation to the tainted-blood scandal was uttered with an authority granted by the death of hemophiliacs. Every speaker took their legitimacy from the tragic circumstances of the tainted-blood scandal. The distinction between the blood scandal and many other risk management disaster scenarios was one of countable bodies. Most risk management failures are difficult to appraise in terms of directly countable loss in human lives. For example, in the case of a low-level release of some kind of carcinogen, there are so many confounding factors and the time scale is so long that even the most sophisticated epidemiological study will give us no more than a vague estimation as to the toll in human lives, an estimation confounded even further by the background levels of cancer. We may know that an emission of some carcinogen will likely be damaging to human safety, but very little precision can be brought to bear in analyzing such a disaster.[230] The tainted blood tragedy was something quite different. As a number of friends put it, the tainted blood tragedy is an instance where the fallout in terms of human lives is especially definite: "Here, you can count bodies!"

Here, death is a trump card, lending an air of authority and certainty to the discussion. Much of the dissent in debates over risk management scenarios has to do with

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[228] Campbell, Ron. "Yule Spirit at Red Cross clear as more giving blood." ***Winnipeg Free Press***. December 24, 1980. P. A2.

[229] The most representative examples of this coverage are the books ***The Gift of Death*** by André Picard (1995), ***Bad Blood*** by Vic Parsons (1995), and McDuff, Johanne (1995). Picard, Parsons and Mc Duff were journalists who covered, perhaps even inaugurated the tainted-blood scandal in Canada from its very beginning as a media event.

[230] Mayo, Deborah. 1991. ***Acceptable Evidence: Scientific Values in Risk Management.*** Oxford University Press: New York.

the actual impact of any event. Death has the power to silence such debates. There is something uncanny about writing of death in this way. Death is so often considered an intimate matter. This discussion of precision and risk management scenarios evokes the impersonal nature of rational, bureaucratic discourse. However, as in the all-so-true cliché, "death is for the living", and we can be counted on to use it in any way we see fit. The questions and responsibilities provoked by the presence of the dead and the dying are what haunted the Canadian conscience throughout the years of the scandal, giving ultimate justification to the prominence accorded matters of justice, revenge and accountability that surfaced during this period.

At first, the role of the blood system was relatively invisible. Rather than investigating the blood system, the first gestures towards a discourse of accountability focused on AIDS and its early pathways. The infection of hemophiliacs with the deadly disease is mostly portrayed in these early articles as something caused by AIDS itself or the tainting of the blood system with AIDS by high-risk groups such as gay men and Haitians. In an article such as "Fatal disease feared, groups at risk advised not to donate blood,"[231] where we see this warning or request for the very first time in the Canadian press, the Canadian blood system is mostly invisible. Dr. John Derek is mentioned. He is a consultant on quality assurance for the Red Cross; but he is merely described as an expert, not as a representative of a system for distributing tainted blood. In actuality, there is a pathway where tainted blood is donated by a gay man or a Haitian at a Red Cross clinic, the blood then undergoes a number of testing procedures and complicated fractionation processes before it is then delivered to hemophiliacs as a fractionated concentrate. These articles reduce this pathway to the earliest stages of the procedure, the donation of blood by gay men and Haitians. In part, the danger implicit in this reduction is evidenced by Edward Jackson of the newspaper, the ***Body Politic***, when he expresses his fears "that the homosexual community is concerned the public will think that all gay blood

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231 Gadd, Jane. "Fatal disease feared, groups at risk advised not to donate blood." ***Globe and Mail***. March 10, 1983. P. A1.

donors would transmit the disease."[232] The transmission of the disease is mostly portrayed in these early stories as a problem with an origin in the infected or at-risk donor rather than a problem to be countered at every step throughout the blood system. This is not to say that one of the most effective ways of countering AIDS is to assure that tainted blood is never donated in the first place, but any attempt to prevent tainted donations must be understood as a problem to be solved by the entire blood system in conjunction with donors rather than a problem of the donor.

This causal chain is repeated again just days later in a piece titled "Haitian community challenges Red Cross ban on their blood." Paul Dejean, speaking as a representative of the Christian Haitian community in Montreal, proclaimed that "this sort of assertion has a discriminatory effect."[233] Paul Dejean is referring to the assertion that Haitians are risky donors. He argues this is not the case, that many of the Haitians who have contracted AIDS also happen to be gay men. The article continues by citing other authorities who assure us that Haitians are a group at serious risk for AIDS. At no point does this article mention the Red Cross or any other aspect of the Canadian blood system except as the entity asking Haitians not to donate. The thrust of the article is simply to identify a source for AIDS, and even Paul Dejean's refutation falls into this camp when he identifies gay Haitians as a group at risk rather than the undoubtedly straight and Christian Haitians for whom he speaks.

One danger of this simplistic causal model is the potential for discrimination against gay men and Haitians.[234] Dr. Dick Smith, in an article in the ***Globe and Mail***, stated that "the most frightening thing is the backlash issue that could come from the

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232 ***Ibid.***

233 Wimhurst, David. "Haitian community challenges Red Cross ban on their blood." ***Montreal Gazette.*** March 15, 1983. P. A9.

234 Another dangerous aspect of a model that focuses on the origins of the disease it that it ignores the system that concentrates the disease, namely the process of fractionation.

straight community."[235] This fear was repeated in the ***Montreal Gazette*** in an article titled "AIDS plague spawns epidemic of fear: Stigmatized by mystery disease, city's homosexuals and Haitians suffer anxiety, discrimination." This article, like many others, identifies the originating factor of AIDS transmission as sexual promiscuity among gay men. The article reports that sexual promiscuity is now on the wane as many gay men have begun to curb their sexual activities in fear of the disease. However, it refers to "another extreme in the response to AIDS... The gays who refuse to alter their sexual habits. These people have adopted the attitude of 'I have to die from something I might as well have fun in the meantime,' said Bernard Courte, a reporter for the gay newspaper ***Sortie***."[236] In spite of its references to some gay men changing their ways, this article, once again, represents the AIDS plague as a problem that originates with gay men and Haitians, not as a problem that may also reside within the institutional complexity of the Canadian blood system.

The pattern was to change in the following years as attention shifted away from gay men and Haitians to the blood system itself. However, the focus on gay men was to linger on in some publications, even though Haitians were mostly to fall out of the picture. As late as 1997, the right wing publication, The ***Alberta Report***, published an article by Patrick Donnelly titled "The high price of gay sensitivity: The Red Cross is found financially liable for helping infect Canadians with HIV." The article begins with these words:

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235 "City gays plan conference to formulate AIDS strategy." ***Globe and Mail***. January 17, 1983. P. 17.

236 Hill, Heather. "AIDS plague spawns epidemic of fear: Stigmatized by mystery disease, city's homosexuals and Haitians suffer anxiety, discrimination." ***The Montreal Gazette.*** August 13, 1983. This quotation represents a common thread to be found in reportage on the AIDS crisis. Gay men are characterized as believing that they may as well continue to enjoy themselves as Rome burns to the ground. Knowing that you have a potentially fatal and easily transmittable disease and continuing to participate in practices that will inevitably pass it along to others is a morally indefensible act, and there were certainly some men who fit this profile. But the continued prominence of this narrative does a disservice to the many gay men who worked tirelessly to put a halt to the spread of AIDS and to educate others on its dangers. For an account of these activities see Shilts, Randy. 1987.

> AIDS has long been described by gay activists as an 'equal opportunity disease.' From the beginning of the epidemic, however, there have been two groups with far more than an equal opportunity for getting it, male homosexuals and blood recipients–the latter infected by donations from the former. Two weeks ago, in a landmark decision, an Ontario judge ruled that the Canadian Red Cross Society was negligent in its refusal to screen out potentially lethal blood from recipients. Now the Canadian Red Cross's fear of offending homosexuals will likely cost it tens of millions of dollars in damages.[237]

This article states that gay men infected hemophiliacs. In the subtitle, it says that the Red Cross had been 'helping' infect Canadians. The author stipulates that the Red Cross 'helped' gay men infect hemophiliacs. This reflects a fear of homosexual men, a fear evidenced by another article in the ***Alberta Report's*** sister magazine, the ***Western Report***, where it was reported that gay men quite likely may have intentionally poisoned or sabotaged the blood supply.[238]

The Donnelly article asserts that it was sensitivity to the concerns of gay men–conflated by the author to "homophobia phobia" or the fear of being accused of homophobia–that caused this infection. Perhaps fear of being identified as homophobic did have something to do with the spread of HIV, but homophobia-phobia and a genuine sensitivity to the problems of male homosexuals are not the same thing. And it was this attentiveness to the circumstances of gay men, as evidenced by the actions of doctors such as Marlis Schroeder, Margaret Fast and Gregory Hammond of Winnipeg, that was crucial in developing effective donor screening procedures.[239] This article begs a terribly offensive question. If sensitivity to gay men and a fear of being homophobic is what caused the infection of hemophiliacs with HIV, then by the article's perverse logic what is demanded in terms of responsible action is homophobic behavior.

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237 Donnelly, Patrick. "The high price of gay sensitivity: The Red Cross is found financially liable for helping infect Canadians with HIV." ***Alberta Report.*** October 27, 1997.

238 Grace, Kevin Michael. "No 'victims' here: the Red Cross feared 'blood terrorism', but a hemophiliac spokeswoman calls that homophobia." ***Western Report***, June 5, 1995. P. 30-1.

239 See chapter three.

There was spotty newspaper coverage of the crisis blaming the Red Cross or other institutional aspects of the blood system during the first several years. In October of 1984, the ***Vancouver Sun*** published the article "Red Cross admits use of risky blood import." The article referred to the use by the Red Cross of tainted blood products that had been purchased from the U.S. corporation Armour Pharmaceuticals. These products were used to treat Artibano Milito–the first confirmed Canadian hemophiliac to die from transfusion AIDS–who died in March of 1983. There is an ambiguity as to who is being blamed in this article. Perhaps this article does not even blame anyone. It does, however, indicate that the Red Cross doctors in Vancouver continue to use Armour concentrate even though they possessed some degree of doubt concerning the safety of Armour products. In conjunction with the hint that the Red Cross might not be doing all that it could do to protect hemophiliacs was a reorientation towards another origin for the infection. Rather than identifying gays and Haitians as sources of HIV, the Americans and their for-profit blood-banking system are indicated as a possible culprit. Dr. Noel Buskard, the medical director of the Red Cross Blood Transfusion Service, answered the Vancouver Coroner's question on the provenance of Armour's blood donors with a "god knows... Where they (Americans) collect it I don't know."[240]

This is one of the earliest gestures by the media towards the principle of self-sufficiency discussed in the first section. Self-sufficiency's warrant originated with the gift of life. It was understood as an assurance that the gift would be delivered. Here we see the corollary of this relationship: a disregard for self-sufficiency guarantees the gift of death. This corollary will return repeatedly throughout these pages on the attribution of blame.

For the most part, articles around this time portrayed the blood system as doing what was necessary to protect the public from the dangers of tainted blood. These articles often focused on the development of donor-screening procedures, the implementation of ELISA testing for HIV antibodies, and the adoption of pasteurized factor-concentrates.

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[240] Flynn, Larry. "Red Cross admits use of risky blood import." ***The Vancouver Sun***. October 5, 1984. P. A16.

Pasteurization was believed to destroy the HIV virus. The closest intimation of discord with the blood system in these pieces was the bracketing of the expression "therapeutically effective" in quotation marks.[241] The therapeutically-effective material was old, non-pasteurized material that had not yet been used up. It was to be used until large enough stockpiles of the new pasteurized product could be purchased for replacement of stock. With hindsight, we know that many hemophiliacs were likely infected in the lag time between the depletion of old stock and the adoption of the new pasteurized product, a lag that was rationalized more in terms of cost effectiveness than simple availability of the pasteurized concentrate.[242] None of these consequences had been foreseen in the popular press at this time, but a number of newspaper articles drew attention to the expression "therapeutically effective" with the use of quotations. The marks may simply indicate that this was the expression used by a Red Cross spokesman, but I take them as scare quotes. I speculate that these quotation marks are indicative of nascent rumblings of discontent with the institutions of the blood system, much the same as in the aforementioned article on the Vancouver Red Cross and the Armour Pharmaceutical Corporation.

Clear evidence of dissatisfaction with the Canadian blood system was voiced in an article in the ***Montreal Gazette*** in October of 1985. In the story titled "Red Cross faces growing fears of AIDS from blood transfusions", the Red Cross is taken to task over its delay in instituting ELISA screening. The U.S. Red Cross began testing several months earlier than the Canadian system. The Red Cross defends the delay citing the "time to approve the test, coordinate the provincial and federal governments–who jointly finance the blood program–and set up the seventeen regional testing centres."[243] This is the first time that an institution or institutions involved in the Canadian blood system were to be

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241 Hollobon, Joan. "Blood products for hemophiliacs pasteurized." ***The Globe and Mail***. December 24, 1984. P. M3.

242 Although the numbers for those infected during this period are difficult to estimate, André Picard reports that 6 infants were infected at Toronto's Hospital for Sick Children during the lag where non-heat treated concentrate was used up. See Picard, André. 1995. P. 111.

243 Armstrong, Jane. "Red Cross faces growing fear of AIDS from blood transfusions." ***The Globe and Mail***. October 18, 1985. Pp. A1&A8.

openly criticized in a newspaper article on the matter of transfusion AIDS. It was actually blamed for delaying the adoption of ELISA testing and–in a strategy that will become familiar as more media accounts are analyzed–it deferred this blame to its partner institutions: the provinces and the federal government.

June of 1987 was the very first time a lawsuit against the Red Cross was reported in the ***Montreal Gazette***. The article stipulates that the case was first filed over six months earlier but it was only made public at the time of the article's publication. The case was filed against the Canadian Red Cross, the Izaak Walton Killam Hospital for Children and a number of doctors, on behalf of a six-year-old child who contracted AIDS from a blood transfusion. This was the first time that the Red Cross had been sued due to AIDS.

This was merely the first time that a court suit against an institutional aspect of the blood system was to be covered in the media. In March of 1989, another suit was filed against the Red Cross by an anonymous accounting student, described in the article as "among 950 hemophiliacs–about 40 percent of the 2,300 Canadians with the blood-clotting disorder–who contracted the HIV virus through government approved blood products between 1979 and 1985."[244] The suit against the Montreal Children's Hospital and the Montreal General Hospital was described as unprecedented. There is an attributive tension in this article. Even though the suit was filed against two hospitals, blame is drawn elsewhere. The article explicitly states that the HIV virus was contracted through "government approved blood products." In the future, the government's role in the blood scandal would come under further scrutiny.

Just weeks later, another suit was filed by 48-year-old hemophiliac Claude Varin against the federal government, the Canadian Red Cross and Cutter Biological–the American manufacturer of a tainted batch of factor eight concentrate.[245] The filing of

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244 "Hemophiliac stricken by AIDS to sue hospitals." ***Calgary Herald***. March 4, 1989. P. C3.

245 "AIDS suit filed against government, Red Cross." ***Halifax Chronicle Herald***. March 22, 1989. P A4.

Varin's suit was covered in the ***Halifax Chronicle Herald*** and the ***Montreal Gazette***.[246] Both articles mention the suit in connection with an impending meeting between representatives of the Canadian Hemophilia Society and the federal government on the question of financial compensation to infected hemophiliacs. And just the very next day, the ***Winnipeg Free Press*** reports that this meeting took place and Elaine Woloshuk–president of the Canadian Hemophilia Society–asked Health Minister Perrin Beatty to provide $340 million in compensation for hemophiliacs with AIDS. In the article, Woloshuk states that "the society believes that Ottawa, through laxity in regulating blood clotting products, is to blame for the fact that almost half of the country's 2,300 hemophiliacs have been exposed to the deadly virus."[247]

The next couple of years are very slim in terms of articles addressing blame for HIV infected hemophiliacs, although 1991 shows a tremendous spate of coverage on tainted blood in France where criminal charges were filed against leading members of the French blood system and a number of those in supervisory positions were sentenced to up to four years in prison. In 1992 the coverage picks up again and in March, the ***Toronto Star*** reported that the province of Ontario faced up to fifty lawsuits from hemophiliacs, some in conjunction with suits against the Red Cross. In the article, John Plater, president of Hemophilia Ontario, stipulates that "55 hemophiliacs alone have died–the majority of them from HIV related disease–since 1985. There was a six-month window in 1985 where they should have brought in blood screening and they didn't."[248]

Five months later, another suit is reported in the ***Calgary Herald*** when four Albertans sued the Red Cross, the provincial government, two Calgary hospitals and an

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246 Dunn, Kate. "Hemophiliac sues for $2 million after getting AIDS-linked virus." ***The Montreal Gazette***. March 22, 1989. PA1.

247 "Ottawa urged to give compensation for AIDS." ***Winnipeg Free Press***. March 23, 1989. P. 56.

248 Wong, Tony. "Ontario faces 50 lawsuits over AIDS-tainted blood." ***Toronto Star***. March 18, 1992. P. E8.

Edmonton hospital for developing AIDS from HIV contaminated blood.[249] This article is followed by another in November in the ***Winnipeg Free Press*** where the Canadian Hemophilia Society blames the federal government for placing them at risk. According to David Page, the society's vice-president, "Economic considerations were allowed to take precedence over public health considerations in the making of blood policy."[250] Page's interview was delivered in conjunction with a report by the society that linked hemophiliacs being placed at risk by the federal government with the government's policy of supporting the federally-owned and financially-strapped Connaught Laboratories. Page remonstrated that Connaught only operated at half of the efficiency of American fractionation plants who could have processed Canadian plasma and safely returned it to the Canadian Red Cross. Instead, Connaught wasted over 50,000 liters of plasma or over 200,000 separate volunteer blood donations and the Red Cross was forced to purchase fractionated product from American companies that was made from more dangerous plasma purchased from American donors.

Page's claims are the first public appearance of the constellation of arguments centered on self-sufficiency and appropriate fractionaters of plasma discussed in the earlier chapter on self-sufficiency. Page, much like Dr. Noel Buskard from the Vancouver Red Cross, utilized the self-sufficiency-gift of life corollary to focus blame on Connaught and the federal government. Unsurprisingly, the claims of Page and the report published by the Canadian Hemophilia Society were denied by representatives of the federal government.

In the decade following the first rumblings of the blood scandal the Canadian press slowly fumbled its way towards a blameable cause for tainted blood. Blame was attributed to a mixed bag of sources including gay men and Haitians, cash hungry

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249 Lunman, Kim. "Victims of AIDS sue Red Cross." ***The Calgary Herald***. August 1, 1992. P. A1.

250 Rubin, Sandra. "Hemophiliacs claim Ottawa risked lives." ***Winnipeg Free Press***. November 5, 1992. P. A16. With hindsight, there is some irony to the idea that financial considerations overran safety considerations The present day cost for treating those infected with HIV and hepatitis C through tainted blood is truly staggering.

Americans, the federal government and the provincial government, a slate of hospitals and the Canadian Red Cross. By 1993, public discontent grew to such a din that demands were made upon Ottawa to call for a public inquiry. This inquiry was to galvanize the many attempts to attribute blame over the next several years.

Chapter Five: The Krever Inquiry

The growing public awareness of the tainted-blood scandal precipitated a crisis in the legitimacy of the Canadian state as well as the Canadian public conscience. Where public certainty and faith once allowed the blood system to blunder on invisibly, there now reigned public uncertainty and fear, taking the form of distrust in blood transfusions and blood products as well as the belief that AIDS could actually be contracted from donating blood.[251] In response, the state initiated an inquiry into the blood system and the events of the early 1980s, a performative ritual that reestablished the legitimacy of the Canadian state as protector of the public good. The inquiry and its media coverage were central elements in the public negotiation of blame.

This chapter addresses the inquiry, and its media coverage, as rituals of forgetting. Initially, this may seem somewhat counterintuitive as inquiries and the news are institutions predicated upon the quest for truth, an impulse to get at the heart of things, to find out what really happened. Or, as a common refrain in newspaper articles covering the inquiry describes the task, "Mr. Justice Horace Krever is trying to determine the root causes of the country's tainted blood tragedy."[252] Forgetfulness is so often characterized as a form of mnemonic acedia rather than the productive effort of discovering truths about past events as ascertained by inquiries, public trials and investigative journalists. Friedrich Nietzsche argues, however, that memory and forgetting are both creative forces. In the ***Genealogy of Morals***, he writes that "forgetting is no mere inertia as the superficial imagine; it is rather an active and in the strictest sense positive faculty of repression."[253]

Memory and the faculty of oblivion function similarly in that they both shape history. They elicit the methods by which we establish chronicles of events. "What

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251 The fear of a connection in the public consciousness between donation and contracting AIDS that was offered up as a rationale for the initial Red Cross indecision about making public connections between blood and AIDS. See Picard, André. 1995. P. 73.

252 Picard, André. "Health Canada put cost before safety, files show: Costly blood products were not recalled unless Red Cross agreed." ***The Globe and Mail***. July 22, 1995. P A7.

253 Nietzsche, Friedrich. [1887] 1957. P. 57.

happened? Well, I remember that things seemed to play out like this..." Memory is rooted in material objects. Texts, monuments and infected bodies possess mnemonic powers and our embodied habits represent a form of memory. Most importantly, our memories are integral to our understanding of the present. And by extension, any established chronicle of past actualities assists us in imagining possible futures, as the inquiry assisted in the public imagining of a state concerned with getting to the bottom of things.

Press Coverage of the Inquiry

The first mention of a public inquiry is a March 1993 ***Toronto Star*** article entitled "Red Cross says probe would ease AIDS fear." Red Cross spokesmen assert that the Canadian blood supply is the safest in the world, but persistent fears must be dealt with in a public inquiry. "There is a great deal of concern out there in the public's mind about the safety of the blood program and we want that to be... put to rest."[254] The Red Cross position, as covered in this article, is that the purpose of an inquiry should not be to dwell on the past, but to "focus on how the current blood management system can be improved."

Two weeks later, the ***Globe and Mail*** reported on the demands of a federal subcommittee formed to look into the tainted blood controversy. Progressive Conservative MP Stan Wilbee, the chairman of the standing House of Commons subcommittee on health issues, asked for a public inquiry to look into the causes for the blood crisis because "something is needed to reassure the public about the shape of our blood system." Wilbee wanted the inquiry to look into the origins of the infections because "you have to look at history in order to look at the future."[255]

Just three days after Wilbee's demands were made public the ***Montreal Gazette*** published an angry editorial by reporter Karen Hall supporting the inquiry and criticizing

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254 "Red Cross says probe would ease AIDS fear." ***Toronto Star***. March 19, 1993. P. A14.

255 "Tainted-blood inquiry urged: Public needs reassurance, head of committee says." ***Globe and Mail***. April 2, 1993. P. A3.

the Red Cross and the Canadian Health Minister Benoît Bouchard. Hall argues that the reluctance of the Red Cross to look into the origins of the affair is rooted in its denial that it ought to "take any blame for its role in the tragedy."[256] Hall also reports that Bouchard is complaining about the costs in time and money of a proper inquiry. Bouchard said "I'm not sure the state of the system today asks for that very, very strong approach." Hall found Bouchard's comments distressing. She retorted "if this kind of life-threatening negligence by such stalwart Canadian institutions doesn't warrant a strong approach, can someone kindly explain what does?"

Four days later, Bouchard was to sound a different note as the launching of a federal inquiry into the blood supply was announced.[257] André Picard of the ***Globe and Mail*** reported that the inquiry should begin in September and report back in a year. In an interview Bouchard stated "I listened, I heard, and I learned that for better or for worse, public confidence in the blood system has been profoundly shaken... When that happens we must act" in order to ensure that a future disaster can be avoided.[258] Douglas Lindores, the secretary general of the Red Cross commented that "the current blood system requires major change. We have come to the conclusion that something more than goodwill is needed and the system must be fixed." This article reports one point of especially prophetic interest when Dr. Stan Wilbee, the chairman of the standing House of Commons subcommittee on health issues and an author of the report that prompted the inquiry, questioned the possible replacement of the Red Cross by a governmental institution. "Maybe they're afraid of somebody invading their turf, but one of the major purposes of the inquiry would be to determine is there a better way, a faster way, a more efficient system."

This inquiry was the performative event that signaled the Canadian state's active

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256 Hall, Karen. "Bad Blood: Red Cross and Ottawa have shown stunning indifference and incompetence as tale of tainted blood unfolds." ***Montreal Gazette***. May 22, 1993. P. B5.

257 "Feds to launch inquiry of blood supply." ***Halifax Chronicle Herald***. May 26, 1993. P. A5.

258 Picard, André. "Tainted blood inquiry called: Public shaken Bouchard admits." ***Globe and Mail***. May 26, 1993. P. A4.

and public intervention in the creation of public memory regarding tainted blood, or rather its involvement in public forgetting. There was an official "order in council PC 1993-1879, which provided that a Commission be issued under Part I of the Inquiries Act..." This appointed Justice Horace Krever to undertake an inquiry on 4 October 1993. He was appointed

> to review and report on the mandate, organization, management, operations, financing and regulation of all activities of the blood system in Canada, including the events surrounding the contamination of the blood system in Canada in the early 1980s, by examining, without limiting the generality of the inquiry,
> - the organization and effectiveness of past and current systems designed to supply blood and blood products in Canada;
> - the roles, views and ideas of relevant interest groups; and
> - the structures and experiences of other countries, especially those with comparable federal systems.[259]

Justice Krever's commission became big news over the next several years. Almost every story concerning tainted blood in the popular media was related to the Krever Commission in one way or another.

It was 1993, the year in which the Krever inquiry was announced, that a significant drop in blood donors began. In just that one year, there was a drop of 7.1 percent or about 91,000 donors from the previous year. Over the years from 1993 to the surrogation of the Red Cross by Canadian Blood Services, the blood system was to lose around 294,000 of its annual donor base. That amounts to a 23 percent decrease in donors over a three to four year period. Prior to this era, the annual fluctuations in donor shift were around 1-3 percent.[260] It was the role that the Krever inquiry played in the media that would come to shape public memory of the blood scandal.

The inquiry was portrayed as in instrument of vengeance by many media sources.

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[259] ***Tragedy and Challenge: Canada's Blood System and HIV***. Quoted in Krever, Horace. 1997. Vol. 1. P. 5.

[260] See the table in Appendix F.

In April of 1996, Mr. Douglas Lindores, the secretary-general of the Red Cross Society of Canada was cited as saying that "taxpayers would be left open to hundreds of millions of dollars in potential lawsuits if Mr. Justice Horace Krever's inquiry into Canada's tainted blood supply carried through with its plan to apportion blame to individuals."[261] The article notes that Mr. Lindores is involved in a lawsuit to begin on Wednesday, May 22 in federal court filed against Justice Krever's authority to lay blame. Other plaintiffs include most of the provincial governments.

In early May of 1996, this lawsuit was once again mentioned by the press when three Nova-Scotian ex-ministers dropped their charges against Krever. Joel Matheson, one of the former ministers, originally "signed on as a challenger this winter after the inquiry notified him he could be found guilty of misconduct in the infection of thousands of Canadians through tainted blood products in the 1980s."[262] The article named the plaintiffs as "the federal government, all provinces but Saskatchewan, the Red Cross and others which maintain Justice Krever cannot blame individuals for the mass infection."[263]

That Justice Krever's inquiry was not only seen as an instrument of retribution, but also a formidable one, is apparent from the suit against Krever by this multiplicity of plaintiffs. Krever, however, was only one player in the blaming game. The totality of individuals involved is too large to cover, particularly when the extensive testimony available from the inquiry is examined. However, a number of significant institutions ought to be addressed, especially those who filed the suit against Krever.

It should be noted that, in the final report, Krever finds fault with all these institutions. The provincial governments and the federal government in the guise of the Bureau of Biologics and the Canadian Red Cross all played significant roles in the blood scandal. It was not surprising then that all of the above would be worried about their

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261 Sheppard, Robert. "Red Cross at the Crossroads." ***The Globe and Mail***. April 29, 1996. P A15.

262 LeBlanc, Susan. "Ex-Ministers drop Krever Challenges." ***Halifax Chronicle Herald***. May 8,1996. P. A4.

263 ***Ibid.***

public image or their legal culpability.

At the very least, the presence of these institutions in the suit publicly indicates the fear of reprisal, whether or not it is deserved. While the suit may have protected these institutions legally, it did not do wonders for their public image. At this initial moment, all the plaintiffs were in danger of appearing guilty simply through their presence in a suit forbidding Krever to make legal claims against them. This was to change as individuals began to withdraw from the complaint against Krever.

In early May of 1996, Joel Matheson, Ron Russell and Gerald Sheehy, three former Nova Scotia health ministers, withdrew their challenges against Krever. They expressed hope that all other plaintiffs would withdraw their complaints as well. The question that comes immediately to mind is does the withdrawal from the suit indicate renewed confidence on the part of the health ministers, remorse, or perhaps both? The former ministers said "they no longer feel under siege from the law. 'I'll take my chances with the Krever inquiry and its results.' Mr. Matheson said at a Halifax news conference...'I too have received independent legal advice since, and I have no qualms at all... if I'm called before any body to answer questions,' said Mr. Russell, who was health minister from 1985 to 1987."[264]

Here it appears to be confidence, at least as it was reported by Susan LeBlanc. However the next paragraph in the story indicates something different. LeBlanc quotes Tory MLA George Moody, who became minister after the period under observation by the inquiry, and who was one of the first Canadian politicians to take tainted blood seriously. He called this "'an historic day,' similar to when, as health minister in 1993, he unveiled compensation for hemophiliacs infected with HIV...'all the other provinces said 'no.' We started the process. Janet and Randy (Conners) started the process... and it had an effect obviously across the country.'"

Regardless of the actual motives behind the dropping of the minister's complaints, the article places the public awareness of the role of Nova Scotia in the blood scandal in a positive light. Moody links the dropping of the suit to his own groundbreaking move to

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264 *Ibid.*

compensate individuals who contracted HIV through the blood system in Nova Scotia. The actions of the health ministers becomes another 'historic day' in the Nova Scotian desire to right past wrongs. This does not mean, however, that Nova Scotia itself will drop the suit. Ron Stewart, the current minister was not willing to drop the suit without consulting the other provincial health ministers. He characterized the suit as a joint project. "We are involved in this with our sister provinces... We'll consult them."

When Ron Stewart refers to 'our sister provinces' he begins to delineate a line of attack. He tells us that even though the provinces, the federal government, and the Red Cross have all filed against Krever, the provinces are in it together. They are somehow different from the Red Cross and the federal government.

The court case was seen by many as an attempt to suspend revenge and judgement against those complicitous in the blood scandal:

> 'I'm excited, I'm especially lonely for Randy today, this would have been a wonderful thing to be able to share with him,' said Mrs. Conners, whose husband Randy dies of AIDS, she also has AIDS. 'I believe that this is the first step in my own knowledge that yes, in fact, I may actually live to see Justice Krever's final report,' she said.[265]

Mrs. Connors envisions the court case as an obstacle to her attainment of justice and the withdrawal of the three Nova Scotian ex-ministers as a step forward for her desire to see the Krever Commission completed. The Krever Commission is regarded by her as a major step in setting things right, in correcting the past wrongs against her and her dead husband who contracted AIDS from the blood system.

By May 18th, 1996, the number of remaining plaintiffs had shrunk greatly. Nova Scotia, Ontario and British Columbia had pulled out.[266] By the end of the case everybody except the Red Cross and three pharmaceutical companies had pulled out of the suit. Finally, in October of 1997 the Supreme Court of Canada "cleared the way for further

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265 ***Ibid.***

266 "Untold Stories The Krever Commission: A Special Report." ***The Toronto Star***. May 18, 1996. P E6.

action against individuals and organizations." According to an article in Maclean's magazine "Mr Justice Horace Krever will be permitted to assign blame in his final report on the tainted-blood scandal... The court cautioned, however, that Krever must avoid language that could amount to findings of civil or criminal responsibility."[267]

Findings of the Inquiry

Justice Krever's final report was popular reading for a government document, but hardly a best seller. Its specific content did not have a direct impact on the public memories of the blood scandal. However, his indirect impact was tremendous. The final content of the report was the point of contention for the court proceedings against Krever which occupied the attention of the news media with great regularity from May of 1996 to September of 1997. It behooves us to see what the plaintiffs were potentially so frightened of, namely, Krever's findings on the causes of the tainted blood tragedy.

Inquiries are critical projects that claim to predicate their existence on a quest for the truth at the bottom of events, or in Krever's words, "an account is given of a public health disaster." For Krever, this inquiry was an attempt to learn from our mistakes. Krever stated in the preliminary comments on the 26th of November, 1993, the first day of the public hearings that his inquiry

> ... is not and it will not be a witch hunt. It is not concerned with criminal or civil liability. I shall make findings of fact. It will be for others, not for the commission, to decide what actions if any are warranted by these findings. I shall not make recommendations about prosecution or civil liability. I shall not permit the hearings to be used for ulterior purposes, such as a preliminary inquiry, or Examination for Discovery, or in aid of existing or future criminal or civil litigation. As I interpret the terms of reference, the focus of the Inquiry is to determine whether Canada's blood supply is as safe as it could be and whether the blood system is sound enough that no future tragedy will occur. For those purposes it is essential to determine what caused or contributed to the contamination of the blood system in Canada in the early 1980s. We intend to get to the bottom of that issue, let there be no mistake about that.[268]

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267 "Clearing the way for action." ***Maclean's***. October 6, 1997. P. 51.

268 Krever, Horace. 1997. Vol. 1. Pp. 8-9.

In spite of his claims to the contrary, many individuals and institutions viewed Krever's inquiry as an instrument of vengeance. The hopes of Janet Connors' mother mentioned earlier, and the case filed by a number of plaintiffs in front of the Trial Division of the Federal Court of Canada and then appealed to the Federal Court of Appeal and further to the Supreme Court of Canada, are evidence of such a wide-spread belief. In spite of the attributions of others, Krever claims to be simply getting at the truth of the matter. According to Krever, vengeance is a matter for the civil and criminal courts. His job is simply to determine causes, to assess contemporary safety, and to make suggestions for an effective overhaul of the system, if necessary.

Krever was fairly successful at carrying through his intention to get to the facts of the matter. In the third and final volume of his report, there is a chapter titled "The Blood Supply System in Canada: Systemic Problems in the 1980s." In this chapter, he identifies a series of wide-spread problems that are difficult at times to lay at any particular institution's front door. For example, he notes that "[t]he relationship between the Red Cross and the governments, and their committees, was poorly defined and was often dysfunctional."[269] Under this heading of dysfunctional relationship he notes that there was no useful definition of the roles that many of the players in the blood system were to take. He also indicates that a chronic shortage of blood donations made safety concerns fall by the wayside, and that the Red Cross was unable to make quick decisions because its funding was controlled by the Canadian Blood Committee who did not respond with sufficient speed to its requests.

Another major subject heading in this chapter dealt with the "[d]elay in adopting preventive measures."[270] Krever notes that the Red Cross did not implement these measures as quickly as it could have. Furthermore, the Canadian government's Health Protection Branch simply accepted and repeated the ubiquitous one-in-a-million chance of contracting HIV from a blood transfusion estimated by the Red Cross.[271] This laxity

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269 Krever, Horace. 1997. Vol 1. P. 986.

270 *Ibid*. P. 989.

271 Krever, Horace. 1997. Vol. 3. P. 990.

continued[272] when "In 1983, the Red Cross estimated that the risk that the infusion of factor concentrates caused AIDS was minimal, if it existed at all. Again, the Health Protection Branch accepted this view and repeated it." Krever argues that "If the manufacturers and the Red Cross had consistently referred to the risk of AIDS in factor concentrates beginning in early 1983, some hemophiliacs and their physicians might have switched to the far safer cryoprecipitate or fresh frozen plasma for factor replacement therapy."[273] In this section Krever also identified similar problems with the estimation of post-transfusion hepatitis risk[274] and the surveillance of transfusion-associated and infusion-associated disease. He finds the Red Cross and its government overseers at fault for the problems in surveillance.[275] A final factor identified by Krever as leading to late identification of transfusion and infusion HIV as a problem was the decreasing allotment of funds and attention paid by the provincial health authorities to the prevention of infectious diseases.[276]

The next section of this chapter is entitled the "Failure to employ independent judgment." In this section, Krever faults the Red Cross for delegating its responsibilities to other agencies that did not meet regularly enough to make timely decisions. He also refers, once again, to the Bureau of Biologics. "During the 1980s, the bureau did not decide independently whether to use its authority to require that measures be taken to reduce the risk of non-A, non-B hepatitis. Instead, it relied heavily on information given to it by the Red Cross and, in effect, made itself dependent on an organization whose activities it was supposed to regulate."[277]

Another problem identified in this section was the failure to remove potentially

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272 ***Ibid.*** P. 991.

273 ***Ibid.*** P. 992.

274 ***Ibid.***

275 ***Ibid.*** P. 993.

276 ***Ibid.***

277 ***Ibid.*** P. 995.

unsafe products from distribution. According to Krever:

> In January 1985, Connaught identified three lots of factor VIII concentrate that had been made from plasma pools that contained plasma from persons who had developed AIDS. Two of the contaminated lots had expired, but one had not. Connaught told the Red Cross and the Bureau of Biologics about the contaminated lots. Consultation occurred among the three organizations, but none of them took steps to see that the lots were withdrawn or recalled.[278]

A similar problem occurred with Armour H.T. Factorate. The Red Cross was worried that the heat treatment procedure applied by the Armour corporation was inadequate. After consultation between Armour, the Bureau of Biologics and the Red Cross, the bureau 'advised' the Red Cross to continue with the product. Eight people later contracted HIV from this product.[279] According to Krever, if any of these institutions had taken the initiative, if they had exercised some independent judgment and simply chosen to stop distributing the product, then lives would have been saved.

Krever's next major chapter subheading is titled "Shortcomings of the operator of the blood supply system." This section deals specifically with the Red Cross. What is of interest in this section are not the particulars of Krever's criticisms. Rather, this is the only section of the chapter that dealt specifically with the Red Cross. Yet, even in this section, Krever makes some effort to distribute causation widely. For example, his discussion of the back-tracking of HIV blood to infected donors and public health linkages between the Red Cross and provincial offices calls attention to the fact that general announcements about these matters were not made by most provincial governments until 1993.[280]

The final major subheading of this chapter is titled "Shortcomings of the regulator of the blood supply system."[281] In this section, Krever primarily focuses his attention on the shortcomings of the Bureau of Biologics. As part of the Health Protection Branch of

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278 *Ibid.*

279 *Ibid.*

280 *Ibid.* P. 998.

281 *Ibid.* P. 999.

the Department of National Health and Welfare, the Bureau of Biologics was in charge of the regulation and distribution of blood products. According to Krever, the only directive made by the Bureau of Biologics concerning the safety of manufactured blood products was one which required manufacturers to convert to heat treated factor concentrates. This directive was made in November of 1984. Otherwise, the bureau simply did very little to regulate any of the aspects of blood donation or collection. Krever does not entirely blame the Bureau of Biologics for this oversight. Rather, many of the problems of the bureau stemmed from a lack of resources. The Bureau of Biologics simply could not afford to do its job.[282]

The Bureau of Biologics did not actually have authority to regulate the collection of whole blood until 1989 although they had this authority over plasmapheresis since 1979.[283] Regardless of this, they still had the authority to regulate the sale and distribution of blood products, even if this authority did not extend to the regulation of blood collection. According to Krever:

> The bureau passively sought compliance with its existing regulations rather than actively determining what new risk-reduction measures were needed to prevent unnecessary cases of AIDS and hepatitis, and requiring that the measures be implemented. If the bureau had required the manufacturers of blood products to use only plasma that came from blood and plasma centres that had introduced appropriate risk-reduction measures, the Red Cross would have been compelled either to introduce such measures for whole-blood donations or to halt the shipment of the plasma that had been recovered from whole-blood donations to the manufacturers. If the Red Cross had been compelled to introduce the measures, not only would the risk of HIV and hepatitis in blood products have been reduced but many cases of transfusion-associated HIV and post-transfusion hepatitis from blood components would have been prevented.[284]

It appears that Krever had something critical to say concerning just about everybody. Negligence was distributed by Krever's report over a broad spectrum of participants in the

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282 *Ibid.* Pp. 999-1000.

283 *Ibid.* P. 999.

284 *Ibid.* Pp. 1000-1001.

blood system that not only included the much castigated Canadian Red Cross, but the Federal and Provincial governments of Canada as well as a number of pharmaceutical companies. It is no wonder that the eventual disposition of his final report was to cause such distress, regardless of his cautions at the beginning of the inquiry that he would not be using the findings of his proceedings to find civil or criminal fault against any of the involved parties.

Hepatitis C

A significant consequence of the Krever Commission was the burgeoning public awareness of hepatitis C. Public awareness of the infection of transfusion recipients with hepatitis C originated during the inquiry and much of the coverage of hepatitis C was coterminous with discussions of the inquiry. Hepatitis C was to become such big news that Durhane Wong-Rieger, the president of the Canadian Hemophilia Society, was to describe it as the kind of story one discusses with your bartender or cab driver.[285]

Hepatitis C seriously affects roughly ten percent of the people who are infected with the virus. Most people's immune systems deal with it effectively. However, the 10 percent who show symptoms are another matter altogether. They often suffer immensely. These people have to deal with constant fatigue, a variety of liver problems including a very high incidence of liver cancer, and a strong likelihood of death. There is no cure, although the disease does go into remission in some patients with extremely expensive treatments of interferon. The story of those infected with hepatitis C was to become a second blood scandal, described by André Picard as "a parallel tragedy."[286]

With hindsight, a July 1986, ***Calgary Herald*** article titled "Hepatitis test not planned", appears terribly portentous. Robert Walker wrote that "Calgary's Blood Transfusion Service will not be following the United States in testing for a form of

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[285] Curtis, Jenefer. "Blood money: to some people, Durhane Wong-Rieger is an angel of compassion, making sure all victims of tainted blood get fair compensation. To others... (she is) a manipulative spin doctor." ***Chatelaine***. December, 1988. P. 61.

[286] Picard, André. "Hepatitis emerging as parallel tragedy." ***Globe and Mail***. May 9, 1994. P. A6.

hepatitis said to be dangerous to blood donor recipients. Dr. Francois Ranger, acting medical director of the Red Cross service in the city, says the form of hepatitis, called non-A, non-B hepatitis, is not common enough to warrant separate testing."[287] Canadian blood was not screened until 1990 and one estimate has the number of infections between 1986 and 1990 at three thousand people.[288]

Often, there is a supplemental quality to the hepatitis C crisis, especially as it arose beside and a bit behind the AIDS tainted-blood crisis. Hepatitis C sufferers fought against the tendency to be treated as mere addenda to the tainted-blood scandal. At times, consideration of hepatitis C in the press was simply tacked onto the discussion of HIV. At other times, hepatitis C was described as nowhere as serious as AIDS. This argument was mostly displayed in two narratives, the more general one of blame, accusation and indictment that I have been working with for the last couple of chapters, and a debate over whether or not hepatitis C victims who had contracted the disease from transfusions deserved government compensation like AIDS sufferers. Both of these narratives play back into the public discourse on blame. I deal here with the Krever section. The discussion of compensation for hepatitis C victims will come later as its significance straddles the gap between the isolation of the Red Cross by the federal health ministers and the difficult birth of the Canadian Blood Services.

Unlike the AIDS crisis which initiated the Krever Inquiry, hepatitis C erupted into the Canadian public imagination during the inquiry. With the exception of the lone article in 1986, hepatitis C was hidden from public view until 1994 when there suddenly appeared a plethora of newspaper articles and other coverage in the popular media. The first of these articles was published in a March, 1994 edition of the ***Montreal Gazette***. In "Hepatitis C 'other' victims of tainted-blood affair have their plight go largely unnoticed", it was reported that three victims who had contracted hepatitis C from blood transfusions

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287 Walker, Robert. "Hepatitis test not planned." ***Calgary Herald***. July 18, 1986. P. B2.

288 McDougall, Deborah. "Red Cross advised against testing for hepatitis C, inquiry told." ***Montreal Gazette***. August 16, 1995. P A10.

in 1989 had testified before the Krever Commission.[289]

Another article published two weeks later in the ***Winnipeg Free Press*** refers again to the hepatitis C virus. According to the testimony of Pierre Lavigne who represented hepatitis C victims before the Krever Commission, up to 1,200 hemophiliacs were infected with HIV through the transfusion of blood products during 1986 and 1990 and close to 60,000 Canadians could have been infected with hepatitis C during these four years.[290] This article also reports that the severity of the infection rate could have been reduced if the 1986 screening had not been rejected due to its expense. There is very little specificity to the blaming in this article. Rather, the blood supply is described as if it was at fault for this delay, but no particular institution was selected.

An article that appeared two days later on hepatitis C in the ***Toronto Star*** also lacked any specificity in terms of blame. It merely noted the source of the infection as tainted blood. Rebecca Bragg reported in "Inquiry now focuses on hepatitis C", that testimony before the inquiry attests that "surrogate blood screening would have prevented up to seventy percent of cases of transfusion-related hepatitis C."[291] The article does mention the Red Cross, but it does not directly single it out for blame. Rather, Dr. Morris Blajchman, chief of hematology at McMaster Medical Centre in Hamilton and former acting national director of blood services for the Canadian Red Cross Society, denies the presence of sufficient proof of effectiveness to adopt the exams during the four years in question.

The surrogate testing in question does not test directly for the virus, rather it tests for a likely indicator which in the case of hepatitis C would be the presence of enzymes that indicate liver inflammation. Another form of surrogate testing that was also used in some circumstances for HIV was the test for hepatitis B. Hepatitis B was considered one

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289 "Hepatitis C: 'Other' victims of tainted-blood affair have their plight go largely unnoticed." ***Montreal Gazette***. March 12, 1994. P. A8.

290 Evenson, Brad. "Forgotten blood victims", ***Winnipeg Free Press***. March 27, 1994. P. A3.

291 Bragg, Rebecca. "Inquiry now focuses on hepatitis C." ***Toronto Star***. March 29. 1994. P. A20.

of the better indicators for the presence of HIV prior to the development of the ELISA test. The problem with surrogate testing is the generation of false positives. Some blood will test for liver inflammation that is not contaminated with hepatitis C virus, or what was called non-A non-B hepatitis in 1986 when the tests were first reported on in Canada. False positives are often considered to be a waste of blood, a problem for a blood system strapped for sufficient supplies.

In May of the same year, André Picard reported again on the testimony of Pierre Lavigne at the inquiry. Lavigne stipulated that up to a thousand Canadians may die annually from hepatitis C and about half of these deadly infections were initially transmitted through blood transfusions. Lavigne represented Étienne Saumur who suffered from a severe and chronic case of hepatitis C. Saumur's request at the Krever's commission was for a compensation package from the federal government of comparable value to the one offered to hemophiliacs with AIDS and a public acknowledgment "that the authorities should have warned patients about the dangers of hepatitis and done more to stop its spread."[292]

Picard's reportage is very specific concerning the likely culprits for this excess of infection: "There are also allegations by people with hepatitis C that Red Cross and provincial and federal healthcare officials who administered the blood system did not take actions that could have dramatically reduced the risk of hepatitis C infection."[293]

Coverage of hepatitis C over the next several years was to follow a blaming strategy akin to the one on AIDS-tainted blood. Eventually, both hepatitis C and HIV would often be spoken of in the same breath as this article does when it describes Justice Horace Krever's task as "to find out why thousands of Canadian were infected with hepatitis and HIV..."[294] Hepatitis C was to become another form of tainted blood, only

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[292] Picard, André. "Tainted Blood / A Canadian commission of inquiry is hearing from people infected with a virus little understood until recently: Hepatitis victims seek answers." ***Globe and Mail***. May 9, 1994. P. A1.

[293] Picard, André. "Hepatitis emerging as parallel tragedy." ***Globe and Mail***. May 9, 1994. P. A6.

[294] Fischer, Doug. "Blood peril still exists." ***Vancouver Sun***. February 24, 1995. P. A10.

stepping back into the limelight when a debate ensued over whether or not to compensate the victims of hepatitis C tainted blood.

Chapter Six: Firmly Applying the Rod

The Canadian blood system, as represented by the symbol of the Red Cross of the Canadian Red Cross Society, once instilled confidence and trust in the eyes of a broad-ranging Canadian public. The shattering of this trust seriously distressed representatives of the various institutional aspects of the Canadian blood system. Benoît Bouchard, the Federal Minister of Health in 1993, said "that for better or for worse, public confidence in the blood system has been profoundly shaken... When that happens we must act."[295] Progressive Conservative MP Dr. Stan Wilbee, chairman of the Standing House of Commons subcommittee on health issues proclaimed that "something is needed to reassure the public about the shape of our blood system."[296] And an anonymous representative of the Red Cross was reported as saying that "an independent public inquiry is needed to restore confidence in Canada's blood management system."[297] The material consequence of plummeting confidence in the blood system was a dramatic drop in blood donations and a serious shortage in blood products that was only to abate with the advent of Canadian Blood Services and the most extensive public relations campaign for donor recruitment in Canadian history.

This chapter is about the multiple attempts to restore confidence in the blood system that culminated in the supplanting of the Red Cross by Canadian Blood Services and Héma-Québec. What does it mean to restore confidence? When we restore a material object, we transform it so that it appearance takes on a semblance of newness. The restoration of a house or an item of furniture implies an erasure of the scars, dings and dents that constituted its use. When the above figures speak of restoring confidence in the blood system, they evoke a prelapsarian state of affairs. No matter how much we yearn

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295 Picard, André. "Tainted blood inquiry called: Public shaken, Bouchard admits." ***Globe and Mail.*** May 26, 1993. P. A4.

296 Mickelburghe, Rod. "Tainted-blood inquiry urged: Public needs reassurance, head of committee says." ***Globe and Mail***. April 2, 1993. P. A3.

297 "Red Cross says probe would ease AIDS fear." ***Toronto Star***. March 19, 1993. P. A14.

for what we have retroactively constituted as a simpler, purer, safer time, an Edenic state, we simply know too much about the dirty affairs of the blood system. A return to the period prior to the Red Cross's fall from grace is of course impossible, or is it?

A true return would imply a complete forgetting of past wrongs and this would be exceedingly difficult as they have been memorialized in HIV-and hepatitis C-infected flesh. Such a return would necessitate the resuscitation of dead hemophiliacs. However, if a true return is impossible, perhaps a partial return is feasible. Such a return would necessitate a restructuring of public memory through rituals of public forgetting that allow the associates of the dead to make their peace, those still living to get on with their lives, and the Canadian public to donate blood once again with the regularity of the past.

This continual process is what Joseph Roach calls surrogation. Roach writes about the

> three sided relationship of memory, performance, and substitution. In it [he] proposes to examine how culture reproduces and re-creates itself by a process than can best be described by the workd surrogation. In the life of a community, the process of surrogation does not begin or end, but continues as actual or perceived vacancies occur in the network of relations that constitute the social fabric. Into the vavities created by loss through death or other forms of departure, [he] hypothesizes, survivors attempts to fit satisfactory alternates.[298]

Just such a series of performative rituals have been enacted from the Krever Inquiry and court cases to ministerial announcements. What is truly remarkable about these attempts to restore public confidence in the Canadian blood system was their resounding failure. Blood donations continued to fall below demand and public memory had yet to falter as evidenced by continuing coverage of the scandal in the nation's newspapers. An altogether more profound act of surrogation that would culminate blaming with accusation and indictment was in order. The sacrifice of the Canadian Red Cross and its substitution with Canadian Blood Services was an attempt to quell this constant deferral of blame that continually threatened the public's confidence in the blood

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[298]Roach, Joseph. 1996. ***Cities of the Dead: Circum-Atlantic Performance.*** New York: Columbia University Press. p. 2.

system.

Blaming the Red Cross

Successfully sacrificing a scapegoat promotes a consensus. In this case, the sought-after-consensus was restored confidence in the blood system. This restoration implied the reassurance that the moral norms underpinning the blood system would be respected. The sacrifice of the Canadian Red Cross did this by replacing the 'guilty' party with a new institution, an organization possessing an unsullied reputation. In an April 26, 1996 article, the ***Toronto Star*** reported that "the health ministers agreed at a federal-provincial meeting here yesterday that they must move quickly to restore Canadians' confidence in the safety of the blood system."[299] Federal Health Minister David Dingwall told the reporter that "we need an agency removed from the political niceties of the day. We need an agency that has not only independence, but the perception of independence."[300] It was the health ministers who effectively decided to remove the Red Cross from the blood system, to choose the Red Cross for a scapegoat. This decision was intended to establish "confidence in the safety of the blood system." Establishing this confidence required a tremendous shift in public attitudes towards the safety of the blood system, especially since a recent poll commissioned by the Canadian Hemophilia Society had indicated that for the majority of Canadians "confidence in the Canadian blood system had dropped to an alarming level."[301]

The task of the ministers was to restore faith and confidence in the system as well as manage the myriad calls for vengeance, the repeated questions of "who will pay for the death of my loved one?" Or as Irene, the mother of Janet Connor, an AIDS activist who contracted HIV from her husband Randy, a hemophiliac, says: "To me, if you are going to be the minister of a department, you take the money, you take the perks, and you'd better

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299 "New Blood Supply Agency Eyed." ***The Toronto Star***. April 26, 1996. P. A8.

300 ***Ibid.***

301 Tuesday, Apr. 23, 1996. ***Toronto Star***.

take the responsibility."[302]

René Girard argues that for such vengeance to be mitigated successfully, some kind of substitution is necessary:

> The interpretation of sacrifice as an act of violence inflicted on a surrogate victim... plays a very real role in these societies, and the problem of substitution concerns the entire community. The victim is not a substitution for some particularly endangered individual, nor is it offered up to some individual of particularly blood thirsty temperament. Rather, it is a substitute for all the members of the community, offered up by the members themselves. The sacrifice serves to protect the entire community from its own violence; it prompts the entire community to choose victims outside itself. The elements of dissension scattered throughout the community are drawn to the person of the sacrificial victim and eliminated, at least temporarily, by its sacrifice."[303]

In this case, the Canadian Red Cross, largely in name alone, represented the complex network of federal, provincial, corporate and Red Cross interests that constituted the blood system. All of these institutions could not be sacrificed together without threatening the stability of the Canadian state. The sacrifice of the Red Cross, in conjunction with other forms of expenditure such as the financial package for AIDS victims of the blood scandal, were sacrifices performed with the intention of forgetting the unpleasant past along with the roles of many of those institutions who participated in these past events.

What is to account for this mobilization of Canadian bias? The blood scandal prompted a crisis in the legitimacy of a variety of Canadian institutions of governance. Consider the health ministers' efforts to reestablish confidence in the blood system as attempts to resolve this crisis in legitimation. The health ministers are definitely representatives of the Canadian federal government, however, it is important to keep in mind that they were not the only groups with a stake in the blaming process, nor even the only official federal and provincial representatives. Following the media trail back through

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302 "Untold Stories The Krever Commission: A Special Report." ***The Toronto Star***. May 18, 1996. P. E4

303 Girard, René. 1996. "Sacrifice as Sacral Violence and Substitution." in ***The Girard Reader***. ed. By James G. Williams. New York: The Crossroad Publishing Company. P. 77.

time presents a much more complicated picture than the one I began with of health ministers simply trying to restore confidence. Rather the story is one of a series of institutions, all with stakes in the organization of a new blood system, competing and negotiating over their future roles. The attempted mobilizations of bias radiate along these institutional lines. It is only after the fact that the Red Cross became the agreed-upon officially-sanctioned villain.

The Red Cross came to be emblematic for the tainted-blood scandal. The Canadian Red Cross became an effigy, a monstrous double, for the complex institutional hybrid of the Canadian Blood Transfusion Services. This much we know for certain. Here I reconstruct how the uncertainties recounted through the Canadian media were organized into a representation of guilt.

The various actions that led to what now seems to have been the inevitable sacrifice of the Canadian Red Cross took place in a variety of settings ranging from closed room committee meetings between provincial and federal health authorities to editorials in media organs such as the ***Globe and Mail***. Here, I am primarily interested in only the most public of these activities, the actions that most directly impinged on public memory. Of these, I will focus on the print media as it was prohibitively difficult to gain systematic access to transcripts of television and radio coverage.

Surrogation implies a performance that more or less successfully erases or defers public memory through an act of substitution. In this case, substitution took the form of a sacrificial scapegoating. To scapegoat the Red Cross successfully, it was necessary that it came to represent the entire blood system, for the majority of the population. The sacrifice ought to erase public memory successfully. Otherwise, it will be a meaningless and ineffective expenditure. From a diachronic examination of the newspaper accounts of the tainted-blood scandal, particularly around the time of the Krever report's release, it becomes clear that, although the Red Cross often stood for the other institutional aspects of the Canadian blood system, this was not always the case. The Red Cross's complaints against other institutions such as the provinces and the Bureau of Biologics were publicized with great regularity.

In an April 23, 1996 article by Nicolaas Van Run in the ***Toronto Star***, a Gallup

poll commissioned by the Canadian Hemophilia Society reports that only seven percent of Canadians would accept blood from the Canadian Red Cross if given other options. What is of interest here is that the poll results all mention the Red Cross specifically, and no one else, until Durhane Wong-Rieger, president of the Canadian Hemophilia Society, is quoted as saying in a letter to Ontario Health Minister Jim Wilson that "the findings of the survey affirm the concerns we hear from the public on a daily basis."[304] She goes on to say that "the survey shows that public confidence in the Canadian blood system has dropped to an alarming level."[305] According to the survey, only "23 per cent of the 1,007 adult respondents questioned in February, 1996, said they'd donated blood in the last year and more than half said they'd never donated blood."[306]

This poll is reported in such a way that the Red Cross and the blood system seem to be one and the same, simply through omission of the other institutions that make up the Canadian blood system. This kind of omission was to be repeated with great regularity in the print media.

Not all reporters reduced the institutional complexity of the Canadian blood system to such a simplistic characterization. In an April, 24th, 1996 article in the ***Globe and Mail***, André Picard reports on the same poll as the ***Toronto Star*** article of the previous day. Picard may be reporting on the same poll, but he tells quite a different story. His article gives a fair bit of space to the comments of Dr. Douglas Lindores, Secretary General of the Canadian Red Cross, who argued that "to interpret a question about treatment preferences as a question of confidence in the Red Cross is both misleading and mischievous."[307]

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304 "Only 7 per cent trust Red Cross blood, poll finds." Tuesday, apr 23, 1996. ***Toronto Star***. P. a 20. A return of 50 percent who have never donated blood is a reminder that the days of complete donor confidence in the blood system are pure imaginations of an Edenic state of confidence, or that factors beyond confidence have tremendous impact on blood donation.

305 ***Ibid.***

306 ***Ibid.***

307 Wed, apr. 24, 1996. ***Globe and Mail,*** André Picard. P A5.

Not only did Picard give the Red Cross fair shrift, but he distributed the blame for the high infection rates widely. Picard argued that even though the Canadian blood system is safe these days,

> Canadians have reason to be leery. The blood system has not changed fundamentally since the tainted blood tragedy and the powers that be are clinging stubbornly to their vested interests to the point where the Red Cross, Ottawa and the provinces are suing to keep the commission of Inquiry on the Blood System in Canada from including some damning information in its final report... On the verge of the 21st century, Canadians are still being asked to blindly trust those who administer the blood system and ensure its safety – public officials who, in their response to an unparalleled public health disaster have not shown themselves worthy of trust.[308]

Picard's account of the tragedy is more complex than most. He referred to the 'powers that be' as the Red Cross, Ottawa and the provinces rather than the Red Cross alone. These institutions he claims, are unworthy of our reliance. Picard was one of the first reporters to break the story of the tainted blood tragedy and as a reporter for the ***Globe and Mail***, he was to cover it regularly. Picard's sophisticated analysis of the blood scandal was to culminate in a book on the subject called ***The Gift of Death: Confronting Canada's Tainted Blood Tragedy***.[309] Although this book did not have as wide a readership as the newspaper articles, it did have some impact. ***The Gift of Death*** took a tack similar to Picard's aforementioned newspaper article by carefully analyzing the events that lead up to the tragedy and allotting blame amongst a variety of institutions, not coincidentally the same institutions that made up the initial suit against Krever's ability to find fault.

Although some coverage ignored the finer distinctions made by reporters like André Picard, many other newspaper articles reported details that helped the Red Cross to distribute blame amongst its institutional compatriots in the blood system. For example, in

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308 *Ibid.*

309 Picard, André. 1995.

a December, 1996 article in the ***Montreal Gazette*** on the Red Cross's formal submission to the Krever inquiry, it is reported that:

> The system had three players: The Red Cross collected and distributed blood and blood products; the federal government oversaw some parts of the system but chose not to regulate whole blood; and the provinces, through a funding agency known as the Canadian Blood Committee, paid the Red Cross bills.
> The Red Cross says it clearly told federal officials in the early 80's – before the AIDS virus entered the blood supply – that it was willing to be federally regulated.
> The Red Cross makes several other claims: It tried to screen out tainted blood quickly but couldn't get speedy approval from the blood committee. It "strove to obtain" safe, heat-treated products as quickly as possible. And it rejected "costly" surrogate tests for hepatitis C in 1986 – "despite the political and legal pressure: – because scientific evidence at the time didn't prove the tests were reliable.[310]

According to the Red Cross, part of the blame lies at the feet of the federal government which was terribly lax in its regulatory and funding duties. "The Red Cross has borne the brunt of public anger over the scandal. But in its brief, the agency portrays itself as the victim of a leaderless system."[311]

The complaints of the Red Cross are voiced again in a June 5th, 1997 article in the ***Globe and Mail*** by Thomas Claridge on a suit against the Red Cross, a Toronto hospital and the estate of a Toronto neurologist by the families of two patients who died from AIDS and a child who is infected, yet still living. In this article, it is reported that in their summation, the Red Cross lawyers caution that "in Canada... The Canadian Red Cross Society was given absolutely no guidance and very little assistance or information from federal, provincial and local health authorities, including the Laboratory Center for Disease

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310 "Tainted blood not our fault: Red Cross: It blames Ottawa for poor regulation of system". ***The Montreal Gazette***, Dec. 9, 1996. P. A10.

311 ***Ibid.***

Control."[312] Furthermore, in a June 5th article in the ***Montreal Gazette*** on the debate between the provinces and the federal government over whether to replace the Red Cross, "the Red Cross complains it must keep the blood supply safe without always knowing that the provinces will pick up the tab. The provinces insist on keeping control of the purse strings. And the federal government isn't sure it has enough of a leadership role."[313] The author of this article characterizes the entire system as "a bureaucratic and jurisdictional mess, with no one clearly in charge."

In spite of broad-ranging institutional critiques like Picard's, the Red Cross was to be hurried down the goat path. In a September 10th, 1996 article in the ***Globe and Mail*** it is reported that "the (Québec) ministers are faced with the delicate task of balancing what they believe to be strong public support for the Red Cross with the knowledge that the tainted-blood scandal has revealed deep flaws in the existing blood system."[314] This article discusses the future of the blood system in Québec and the possibility of replacing the current system with one at the provincial level. This is not only a story where the Red Cross stands for the blood system as a whole, but one of many where this representation is framed within a fervid political debate concerning the replacement of the Red Cross.

Just the next day it was argued in the ***Montreal Gazette*** that "whatever Quebec decides, sweeping changes in the system which has seen the Red Cross collecting and distributing blood to Canadians for 50 years are inevitable."[315] The article quotes Ontario health minister Jim Wilson: "We're talking about a new agency that would be responsible for all aspects of the national blood supply and have the authority to take day by day

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312 "Judge hopes to rule by Labour-Day in tainted-blood trial," a8, ***The Globe and Mail***, June 5th, 1997. P. A8.

313 "Ministers want new blood-collection agency: Health Ministers say the Red Cross should be replaced because of shortages of donated blood and deteriorating public faith in the organization." ***The Montreal Gazette***, June 5, 1997. P. A11.

314 Brennan, Richard. "Quebec Will Go It Alone on Blood: Rochon. Province Wants to Control Collection, Distribution Itself, Won't Join National Agency." ***The Montreal Gazette***. September 10, 1996.

315 Health Ministers endorse national blood agency: but Rochon says Quebec won't be part of it. ***The Montreal Gazette*** Sept. 11. 1996 P. a10.

decisions. Delays in the early 80's in that decision-making process led to some very tragic problems." The opinions of the Ontario health minister were to become largely representative of the provincial government's position in the following years. Whenever the provincial position was reported, it would most often be the Ontario health minister whose actual words were quoted.

The framing of most of the newspaper articles published between late 1996 to 1998 was to encourage and represent the eventual surrogation. Although most of these articles paid occasional lip service to the allocation of responsibility, they are primarily focused on the Red Cross as spoil to be divided amongst a number of players. These articles reported on the debate between the provincial governments, particularly Québec and Ontario, and the federal government as to how the blood system would be restructured and paid for.

Tangling With Krever

The next scandal to hit the newspapers involved dissension between Justice Horace Krever and a committee with representatives from the provincial and federal governments and the Canadian Hemophilia Society that was making suggestions as to how the government ought to proceed with restructuring the Canadian blood system through the development of a new agency. Krever argued that it was his mandate to make suggestions as to the future of the Canadian blood system only after his exhaustive evaluative and fact-finding process had been completed. This committee was circumventing his duty by meeting behind his back and through their failure to keep him informed of their moves and decisions. ***The Globe and Mail*** reported "the judge's complaint seems to confirm reports that he feels the health ministers are interfering with his mandate by coming up with a plan for the future administration of Canada's blood supply before he makes his final report."[316]

It should be noted that during the period of 1996 – 97, donor confidence in the blood system measured in terms of total number of donors for the year had dropped to the

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316 Coutts, Jane. "Krever complains he's been excluded: Commissioner probing tainted-blood scandal says he was kept in dark on new agency." ***Globe and Mail***. Sept, 12, 1996, P. A10.

lowest point in many years. That year only 992,690 people walked through the doors of Canadian Red Cross blood donation centers. This was a drop of around 102,000 donors from the previous year, the most dramatic drop in the recent history of the Canadian blood system.[317]

The article continues to say that the "complaint from the judge strikes a discordant note at the end of a remarkably harmonious meeting of Canada's health ministers. Most of the meeting's focus was on reaching consensus on a plan for a new national blood authority..." The usage of terms such as 'harmonious,' and 'consensus' are particularly ironic at this juncture. If there was a consensus, it could only be that the Canadian blood system was bankrupt, notoriously unreliable, and that a drastic response was needed to this crisis in public faith. A consensus was not the image presented to the public by the print media during this period. Representations of the Canadian blood system before the public did little towards presenting a unified picture of government. Rather, the images were of politics as usual with individual provinces arguing amongst themselves and with the federal government about the role they would take in any future blood agency, primarily "in four areas: the components of the national system, funding, roles and responsibilities, and a dispute-resolution mechanism."[318]

This story makes it clear that the governing institutions involved in the tainted blood scandal were not a unified front that regulated our well being by controlling the blood system. Rather, they constituted complex political entities consisting of many institutions such as the provinces, the federal government, and the rather unique entity of the Krever Commission. All of these facets of the Canadian government seem to be at odds with one another over their relative duties and powers concerning the future of the blood system. It is hardly surprising that this image of government as highly fragmented along the lines of conflicting political and financial interests, rather than government as unified nation-state, coincides with the lowest confidence the donating public ever was to

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317 See the table in Appendix F.

318 Coutts, Jane. "Krever complains he's been excluded: Commissioner probing tainted-blood scandal says he was kept in dark on new agency." ***Globe and Mail***. Sept, 12, 1996, P. A10.

have in the Canadian blood system.

One Canadian political institution or another, figured in almost every media representation of the blood scandal; Witness the civil court proceedings or the exceptionally newsworthy Krever inquiry as well as numerous committee meetings and pronouncements by health ministers and provincial representatives. At other times, these institutions were described by others in the media, quite often as incompetent, or as hopelessly tangled, inconsistent and contradictory in nature.

The Krever commission had what might initially seem an unusual relationship to the remainder of these institutions. The commission was an official organ of governance, charged by the federal, provincial and territorial ministers of health, with the exception of Quebec, to "determine what caused or contributed to the contamination of the blood system in Canada in the early1980s."[319] As shown above, this mandate led Krever to make judgements concerning causality that heavily criticized almost every player in the blood system, including the institutions that originally charged him with making his findings.

It seems then, that many of these institutions had foolishly placed themselves in the line of fire. They had, after all, instigated an inquiry that could potentially reflect poorly on their past actions. And this did seem to be the case as evidenced by the suit filed by the provincial governments against Justice Krever's ability to make findings of blame. In the long run, however, these criticisms were to have little relative impact on the public status of these offices. They would change their practices, but they would not be dissolved. As we now know, it was the Canadian Red Cross that was to take the brunt of the critique.

The immediate impression that there would be something foolish about the Canadian Ministers of Health unleashing a truth-seeking instrument such as an inquiry in an instance where they may be potentially at fault is somewhat naive, if we consider the broader effects of public inquiries. The inquiry and Justice Krever's final report tell us more than who was at fault for the tainted-blood scandal. Careful attention must also be paid to the manner in which the commission tells us these truths.

Public inquiries are performance spaces where a discourse on truth is produced and

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319 Krever, Horace. 1997. Vol. 3. P. 9.

distributed. Or, as Adam Ashforth argues, "They are part of the process of inventing the idea of the State as a particular form of instrumental rational practice the purpose of which is largely to solve 'problems' in Society."[320] Ashforth takes the phrase 'the idea of the State' from Philip Abrams' essay "Notes on the Difficulty of Studying the State." This phrase is evocative of Durkheim's notion of the State as the pinnacle of modern collective representations as described in ***Professional Ethics and Civic Morals***.[321] Abrams reflects Durkheimian language when he describes the state as "the distinctive collective *mis*-representation of capitalist societies."[322] As such a collective *mis*-representation, the State is not the same thing as an empirically identifiable aspect of governance like the public inquiry.

Abrams argues that questions concerning the state in political sociology ought to be reconsidered. Rather than understanding the state in terms of collective *mis*-representations we should instead focus our attention on two related concepts. The first of these is "the state-system . . . a palpable nexus of practice and institutional structure centred in government and more or less extensive, unified and dominant in any given society."[323] In the case of the tainted blood scandal, such institutions as the Krever Commission, the Bureau of Biologics, the federal and provincial ministers of health and the Canadian Red Cross are elements in the state-system.

Abrams also suggests that we consider the state-idea which is the belief that such a thing as the state exists. This belief in "the claimed reality of the state–is the ideological device in terms of which the political institutionalisation of power is legitimated."[324]

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320 Ashforth, Adam. "Reckoning Schemes of Legitimation: On Commissions of Inquiry as Power/Knowledge Forms." ***Journal of Historical Sociology***. Vol. 3 No. 1. March 1990. P. 4.

321 Durkheim, Emile. 1992. ***Professional Ethics and Civic Morals***. 2nd Edition. Routledge: London and New York. P. 48.

322 Abrams, Philip. "Notes on the Difficulty of Studying the State (1977)." Journal of Historical Sociology. Vol. 1. No. 1. March 1988. Pp. 58-89.

323 ***Ibid***. p. 82.

324 ***Ibid***.

According to Abrams, "we are only making difficulties for ourselves in supposing that we have also to study the state - an entity, agent, function or relation over and above the state-system and the state-idea." It is the belief in such a reification of the state-system that legitimates the actions of elements of the state-system. The belief in the state "gives an account of political institutions in terms of cohesion, purpose, independence, common interest and [325]morality without necessarily telling us anything about the actual nature, meaning or functions of political institutions."

In the case of the tainted blood scandal, the Krever Commission reinforces a particular idea of the state, one where the Krever Commission is the rational instrument of governance appropriate for solving social problems, in this case the blood scandal. Furthermore, this public inquiry served, in light of its performance of public ritual, to mobilize positively public attitudes towards the inquiry and its purposive role in addressing the problems of tainted blood.

The Krever commission performed this task admirably. The Krever commission was the secondary story of the blood scandal. One of the most common threads in the coverage of the tragedy were the aforementioned articles on the suit against Krever. After the events of the scandal itself, Krever's commission greatly occupied the press on tainted blood. Through the coverage of Krever's intermediate role in the tainted-blood scandal, the inquiry came to legitimate an idea of the state as the solution to the problem of tainted blood.

In part, the ability of this commission of inquiry to perform these acts of legitimation relied on the separation of the inquiry from the elements of governance implicated in the blood scandal. This separation, and apparent independence or impartiality, were maintained by involving individuals who had no role in the events of the blood scandal itself as arbitrators. The performance of impartiality relied on a number of tactics. The first of these was the selection of Justice Horace Krever. Not only did he have little to no prior relationship with the scandal, but he seemed to own the inquiry. In common with many other inquiries, the inquiry was regularly referred to by the name of

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325 *Ibid*. p. 68.

the commissioner, in this case 'the Krever Inquiry,' or 'the Krever Commission." The newspapers often referred to the final report, properly named ***Final Report: Commission of Inquiry on the Blood System in Canada***, as 'the Krever Report.'[326] Even when the inquiry or the report were referred to by their proper names, a mention of Justice Horace Krever was never far away. This separation exists even on the official document of the final report, where 'The Honourable Mr. Justice Horace Krever' occupies the bottom third of the cover page.

To a lesser extent, this impartiality was further conveyed to the public through the oral testimony of expert witnesses in front of the inquiry. Perhaps this impartiality was most widely reinforced by the wide participation in the inquiry. The inquiry was described as representing the common interest. Not only were expert witnesses called, but Justice Krever invited

> ... any person in Canada who had been infected with HIV or with the virus causing hepatitis C as a result of contaminated blood components or blood products, or from members of their families, who wished to relate their experiences to me. Many of these persons were already seriously ill. In order to hear from them and other concerned persons, the first phase of the public hearings was conducted between February and December 1994 in every province except Prince Edward Island, for which evidence was heard in Halifax. In addition to infected persons or members of their families, those who testified in the first phase of the hearings included employees of local Red Cross blood centres, provincial government officials, and representatives of community and AIDS-related organizations.[327]

Krever goes on to describe the second phase of the hearings which "addressed broader national issues concerning the historical actions and relationships of the participants in the Canadian Blood system. These hearings took place in Toronto... Eighty-four witnesses testified during more than 100 days of hearings."[328] And the third stage of the hearings

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326 I will not supply references on particular newspaper articles. It would be difficult to find a newspaper article that referred to the inquiry or the report in any other way.

327 Krever, Horace. 1997. Vol. 3. P. 7.

328 ***Ibid.***

addressed the current organization of the system. This stage involved the participation of "the major organizations in the system – the Canadian Red Cross Society, the Canadian Blood Agency, the Government of Canada, the Canadian Hemophilia Society, and the Association of Hemophilia Clinic Directors of Canada."[329] Furthermore, Krever invited written submissions and the inquiry had a toll free telephone line that was open to "any person in Canada... in either of Canada's official languages."[330]

The inquiry made every effort towards inclusiveness. This broad ranging public involvement with the inquiry on the blood system gave the inquiry a democratic flavor. As a public institution, the inquiry sought out the public good and addressed the power of the State towards the tainted blood problem. Perhaps even more important, however, is the performative aspect. The inquiry promoted an idea of the state portrayed as addressing problems of the public good. Furthermore, this process was one that involved the affected public, or with the toll-free number, any concerned Canadian with access to a telephone. This reinforced a state-idea as something beyond the constitutive elements of the state-system involved in the blood system scandal. The *State* was able to witness democratically for the public good in such a way that it was seen to transcend impartially the politically divisive elements that constituted the blood system, presenting us with a cohesive state-idea seemingly larger than the guilty institutions that participated in the Canadian blood system.

Of particular interest in the above passage quoted from the final report on participants is the invitation from Justice Krever for those infected with HIV or hepatitis C from transfusions or concentrate, and their affected family members, to 'relate their experiences' in front of the inquiry. The testimony of the dead, as related by their family members, and of the dying lends an authority to the inquiry that it might not otherwise have possessed.

Michael Taussig writes of the bureaucratic rationality of the modern state as founded on the phenomenon of mimesis unto death. He narrates a fictionalized ritual,

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329 ***Ibid.***

330 ***Ibid.***

much like the *Candomble* dances of Bahia, where saints and a variety of other spirits such as the nation's liberator, descend into the bodies of the living. This descent is situated within a performance space where the presence and authority of the dead legitimate the principles of the state. According to Taussig, these are "theatricalized stories that specialize in rehearsals summoning death to the stage of the living human body, so as to render, through repeat performance, the authority of death that lies at the source of the story form."[331]

I am of course, writing of something more prosaic and reservedly Canadian than the spirit dances described by Taussig. There are, however, a number of significant parallels that beg comparison. Speaking for dead and dying hemophiliacs, or at least invoking their existence, became the basis for all statements made about the blood system. It was with this authority that institutions negotiated over the eventual disposition of the blood system. This authority granted the right to disturb and query the past circumstances that led up to the blood scandal and this authority lent the dying hemophiliacs and their families a critical force.

As a performance space for negotiation from the authority of death, the electronic and print media were the most relevant aspects of the rewriting of public memory. The Krever commission played a role in these public negotiations almost as extensive as the scandal itself. As such, it served to channel a great number of these performances.

Justice Krever begins his foreword to the ***Final Report: Commission of Inquiry on the Blood System in Canada*** with these words:

> In the pages that follow, an account is given of a public health disaster that was unprecedented in Canada, and if we have learned from it, one that will never occur again. The account rightly directs attention to the multitude of our fellow members of Canadian society who suffered the loss of health and life as a direct result of the disaster.[332]

It was the attention that Justice Krever directed towards this 'multitude' of dead and dying that truly authorized his inquiry with the force of moral authority. It prompted him to ask,

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331 Taussig, Michael. 1997. ***The Magic of the State.*** New York: Routledge. P. 77.

332 Krever, Horace. 1997. Vol. 1. P. xvi

and of many people, actually demand, that the voices of the dead be reenacted before his inquiry.

According to Taussig, a channeling of performances such as the inquiry's, is the "organization of mimesis... crucial to the instituting of power as rationality in modern bureaucratic organization of which the exemplar is the state."[333] The dead and dying are asked to tell their stories in front of an official board. The affective power of this story telling is harnessed to the benefit of Justice Krever's commission of inquiry, a rational instrument that in itself mirrors, and supports that most transcendent collective *mis*-representation of rational bureaucracies, the state.

However, the publication of the Krever Commission's final report was not enough to succeed in erasing the memory of actual bodies of *mis*-governance. The blaming continued. The need to forget, that is to restore confidence, called for a potent sacrifice.

The Final Lash

At one point, Federal Health Minister David Dingwall was to describe the Canadian blood system in these terms: "nobody was in charge... The accountabilities were at best – and I'm being very kind – quite fuzzy."[334] How did this state of confusion and apparent incoherence come to an end? To begin with, a replacement for the Red Cross was suggested. Scattered suggestions to replace the Red Cross had been present in the popular media for years, but it was not until the latter part of 1996 that these cries were taken up in earnest.

In September of 1996, the ***Alberta Report*** published a story titled "In search of the perfect committee: Ottawa has proposed a single super-agency to handle blood supply." This article takes a critical stance on this move towards reorganization. The author does not seem opposed to a new blood agency, but he worries that, in spite of making necessary changes, irresponsible individuals affiliated with the federal government would

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333 Taussig, Michael. 1997. P. 78.

334 "New Blood Supply Agency Eyed." ***The Toronto Star***. April 26, 1996. P. A8.

manage to elude any fault for their negligence.[335]

A month later in ***Saturday Night***, André Picard published an extended piece on the future of the blood system. Picard reported that the Red Crosses' reputation has been sullied. It was "no longer a sacred cow; it's a moving target."[336] According to Picard, the time was so ripe for the Red Cross to get out of the blood business that many senior Red Cross officials were ready to leave, to see it lopped off from the Canadian blood system. According to Dr. Richard Huntsman, the former director of the Blood Transfusion Service in Saint John's, "the highly technical blood programme is a poor fit and has proved to be a cancer, consuming the attention the other services should be receiving. The orderly withdrawal of the Red Cross from blood transfusion would be in its long term interest."

Many of the comments made by Picard in this article are familiar from his earlier coverage, including a description of causality that include the malfeasances of the Bureau of Biologics and the provincial governments. Picard, however, concludes this essay with an unusual observation. He provides the Red Cross with an elegant way out. He quotes the final, annual report of the Canadian Red Cross written by Dr. Stuart Stanbury, the founder of the Canadian Red Cross Blood Transfusion Branch:

> To reach the people most in need of them, [the] Red Cross must have the courage to take its health services to the remotest frontier areas. Each programme must be built according to the highest professional and technical specifications, but the Society must not hesitate to surrender its most successful model... when the appropriate time [comes]. It must always have a vision of the future, so that with each succeeding development in the official health services, [the] Red Cross could pioneer another area as yet unexplored."[337]

Picard concludes by suggesting that this is "a perfect time for a rebirth." If the Red Cross were to step down and allow a safer institution to take its place as it continued on to do

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335 Woodard, Joseph K. "In search of the perfect committee: Ottawa has proposed a single super-agency to handle blood supply." ***Alberta Report***. September 9, 1996. P. 32.

336 Picard, André. "Internal bleeding: even voices within the Red Cross are now urging it to get out of the blood business." ***Saturday Night***. October, 1996. Pp. 31-2, 34-5.

337 ***Ibid.***

good works in as yet unexplored aspects of care, then "that would truly be a Gift of Life."

Finally, on August 1st of 1997, the Red Cross agreed to pull out of the blood system completely instead of accepting a minor role in a new system.[338] This was in response to the July 30th demand from the federal and provincial health ministers telling the agency to give up its directorial position in Canada's blood system, a demand delivered to the Red Cross in an official notification from the federal health minister Allan Rock and his New Brunswick counterpart Russell King.[339] An article in the ***Globe and Mail*** stipulates that "the Red Cross was effectively fired last week by the country's health ministers, who decided to establish a new agency to take over the blood system and that the charity's role would be shriveled to the non-exclusive recruitment of donors."[340] A new agency was announced at the same time as this demand. The new agency is called Canadian Blood Services.

Not everyone was pleased with this reorganization. An article in the ***Alberta Report*** indicated some dissatisfaction in the west with the loss of the Red Cross. The article quotes Theo Reiner, a man who had donated blood over three hundred times: "If someone's going to ask me to give my blood to the Canadian government, they're going to have a hard time winning my confidence."[341] This piece also quotes Reform Party health critic Dr. Grant Hill: This new blood agency is little more than a blame-shifting mechanism." This attitude was reflected by Calgary business man and 456-time blood

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338 "Blood donors needed." ***Canadian News Facts***. August 1, 1997. P. 5543-4.

339 "Red Cross bows out of blood gathering system." ***Maclean's***. August 11, 1997. P. 19.

340 Ha, Tu Thanh. "Red Cross opts out of blood business: charity's decision to reject secondary role of donor recruitment will end 58-year tradition, leaves employees 'in shock.'" ***Globe and Mail***. August 2, 1997. P. A1.

341 Woodward, Joe. "One guilty party punishes another: the Red Cross is squeezed out of the blood supply system, and donors are furious." ***Alberta Report***. August 18, 1997. P. 35. I have real difficulty taking any report in the ***Alberta Report*** seriously. A number of years ago they interviewed a friend over a controversy in which he was embroiled only to take his words grossly out of context. They are clearly a magazine with a Christian right wing, anti-federal government bias. However, their reliability should in no way deter from the fact that they are a widely read magazine that reflects the world view of many Albertans. As such, they are certainly worthy grist for my analysis.

donor Joe Wemer: "The mistakes over the tainted blood were made everywhere, including the federal and provincial governments. But it looks to me like the whole Red Cross is being made the goat." Mr. Wemer did not like the idea of donating his blood to the federal government. The article also reported on the opinions voiced on a Calgary area call-in show where many donors swore to discontinue giving blood if the federal government were to be collecting. This dissatisfaction can be understood in the context of a continuing western, especially Albertan, resistance to federal rule from Ottawa.

The Red Cross was accused and indicted although not under any legal code. The Canadian Red Cross was cut away from the Canadian blood system. The federal and provincial governments were going to reintegrate the blood system's apparently disparate interests under the rubric of Canadian Blood Services and Héma-Québec. Not only would these discontinuous interests come to be represented under the collective signatures of Canadian Blood Services and Héma-Québec, but these new collective representations were to allow for the possibility of remobilizing Canadians as blood donors.

Chapter Seven: Consanguinity As We Once Knew It

After the replacement of the Canadian Red Cross Blood Transfusion Service with Héma Québec and Canadian Blood Services, there was a shift in public discourse on the Canadian blood system. There was a demonstrable return of public discourse to matters concerning the gift of life, especially as it related to donors and blood shortages. This period of public discourse was more critical of the blood system than the period prior to the blood crisis, but it shared many of the same concerns, only voiced with a more critical light turned on the new agencies.

A successful surrogation or substitution implies a performance, a repeat performance where the script remains the same, yet the subtleties of interpretation differ greatly.[342] The Canadian Blood Services and Héma-Québec were expected to fill in for the Canadian Red Cross, indeed to do the job of the Red Cross better. The discourses generated by these agencies were ones of assurance: we guarantee that we will uphold the moral norms supposedly promised by our predecessors, especially the gift of life. This period was representative of a narrowing of the fissure between the twinned discourses of moral economy and 'actual' economy.

Two common and contradictory narratives are regularly utilized in making sense of the past. These are stories about the good old days and stories about how horrible things used to be. The act of surrogation makes use of both of these narrative forms. Surrogation assures us that we have the best of the past while moving beyond our past mistakes. Much of the discourse associated with Canadian Blood Services and Héma-Québec make use of this kind of story to narrow the discursive gap between moral economy and descriptions of 'actual' economy, a bridge that oddly enough came with the doubling of the old blood system into two, fairly distinct regional entities.

A central aspect of the transference of power between the old and the new was the exchange of assets. On July 27, 1998, the provinces and territories agreed to a financial

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[342] Joseph Roach describes the performative aspect of substitution in the first chapter of Roach, Joseph. 1996. ***Cities of the Dead: Circum-Atlantic Performance.*** New York: Columbia University Press.

arrangement with the Red Cross. They "agreed to pay the charity $132.9 million for its blood system assets . . . " These included "17 regional transfusion centres, a national laboratory, and a distribution network."[343] These assets were used to start up Canadian Blood Services and Héma-Québec. With these monies, the Red Cross intended to pay its liabilities and then utilize the balance, estimated to be around $100 million, to compensate hepatitis C victims.

Héma-Québec began operations on September 28, 1998. It was brought into being through Bill 438, "An Act respecting Héma-Québec and the haemovigilance committee," before the National Assembly of Québec between 12 May 1998 and 20 June 1998. The opening lines, of the bill, read

> This bill entrusts Héma-Québec with the mission of providing a supply of blood and blood products and components to the population. The bill specifies that Héma-Québec is not a mandatory of the Government and that no public servant may be a member of the governing board. However, it confers on the Minister of Health and Social Services certain powers of intervention if, for instance, the Minister finds that the quality or safety of the products distributed by Héma-Québec is not sufficient. The bill provides that the operations of Héma-Québec are to be financed, in particular, by means of the amounts paid to it by the health and social services institutions in consideration for the supply of its products. The bill also created the haemovigilance committee, the chief function of which is to advise the Minister of Health and Social Services concerning current risks related to the use of blood and blood products and components. The haemovigilance committee will consist of persons appointed by the Minister. Lastly the bill provides steps to ensure that Héma-Québec will be able to begin its product collection, processing and distribution operations.[344]

Héma-Québec operates on a cost-recovery basis. It delivers blood and byproducts to hospitals in Québec who compensate Héma-Québec for the product. This is a different financing system from the one utilized by the old system and by Canadian Blood Services

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343 "Ending an Era." ***Maclean's.*** July 27, 1998. P. 17.

344 National Assembly of Quebec, Second Session, Thirty Fifth Legislature, Bill 438. 1998, Chapter 41. An Act respecting Héma-Québec and the haemovigilance committee. Introduced 12 May 1998. Assented to 20 June 1998. ***Quebec Official Publisher.***

who supply the products at no charge to the hospitals. In both instances, however, the majority of the cost is still covered by funding from the federal and provincial governments. It is the avenue that funding follows from the provincial and Federal governments to these institutions that differ.[345]

The majority of the articles on Héma-Québec focus on the transfer of assets and infrastructure between the Red Cross and Héma-Québec and the need for donors to help with a serious shortage in blood stocks. Principally, what was presented about Héma-Québec in their print, radio and television marketing campaign in Québec during mid-1998 up to the present was an emphasis on the need to continue the gift of life. Héma-Québec's early advertisements featured the theme "Giving blood is a matter of life." According to Michel Langevin, Héma-Québec's director of marketing and supply, these advertisements use pictures of young leukemia and liver transplant patients to "associate the act of giving blood with the people who need it."[346] One poster that Héma-Québec recently displayed on billboards, bus shelters and subway stations, features a six-year-old child named Elizabeth Rivett and the text "transfused fifty-six times." In much smaller type are the name and logo of Héma-Québec.[347] Mr. Langevin says that the strategy behind this advertising campaign is to emphasize the relationship between the donor and the recipient and to under-emphasize the
role that Héma-Québec plays in the transmission of blood products to recipients. "We want to make sure people don't give (blood) to Héma-Québec, (that they give it to the recipient instead)."[348] These posters are complemented by an extensive series of television and radio spots that utilize similar techniques. These advertisements feature a number of different young blood recipients who speak about their illness and how many blood

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345 Much of this information is also reflected in the extensive Héma-Québec web page. http://www.hema-quebec.qc.ca/

346 Katz, Helena. "Recipients rather than blood donors are the focus of Héma-Québec's print, radio and television campaign." ***Marketing***. December 7, 1998. P2.

347 Jagiellowicz, Jadzia. "Drawing on a common bond." ***Marketing***. January 31, 2000. P. 13.

348 ***Ibid.***

transfusions they received. Héma-Québec has spent roughly 1.5 million dollars on this campaign since its inception in 1988. The television advertisements run at least 26 weeks a year in 13-week cycles.[349] The article in ***Marketing*** also refers to the extensive campaign of direct mailings, telephone recruitment, promotional flyers, blood drives and media events featuring local celebrities, politicians and members of the Montreal Expos baseball team.

The gift of life is also emphasized in Héma-Québec's promotional literature. Of special interest are the newsletters and website. These formats allow for far greater detail than the advertisements. They go beyond the gift relationship between donor and recipient to emphasize the role of Héma-Québec in the transmission of blood from donor to recipient. For example, ***Héma-Québec***, the newsletter for the society's employees and blood donors, not only touted the importance of the gift of life and the value of volunteers, but it also explains the details of the transfusion and fractionation process. Francine Décary introduces the Volume 4, No. 1, Spring 2001-edition of the ***Information Bulletin for HÉMA-QUÉBEC partners, volunteers and donors*** with the hopes "that this magazine will meet your expectations and need for information regarding the organization, its partners and the act of donating blood."[350] This edition of the newsletter tells the story of a career donor introducing his grandchildren to blood donation and a leukemia patient whose life was saved by blood transfusion. There is also an article on blood banks that explains the structure of the blood banks, the science of blood transfusion and fractionation, and the technological infrastructure of blood banking in Québec. This article also features segments on employees of the blood-banking system. This piece does assure readers who are curious about the workings of Héma-Québec, particularly in light of the fears that may linger from the blood scandal, that the blood system in Québec works with the utmost of professionalism.

The opening date for Canadian Blood Services was scheduled for September 1.

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[349] ***Ibid.***

[350] Hema-Quebec. ***Information Bulletin for HÉMA-QUÉBEC partners, volunteers and donors.*** Volume 4, No. 1, Spring 2001. P. 1.

For Lynda Cranston, the head of Canadian Blood Services, the tragedy was "a truly sad situation that occurred." In an interview with the editorial board of ***Maclean's*** magazine, she described her task as follows: "Unfortunately, CBS has to go forward from here. Our goal is to provide a very safe and secure blood system." Following her description of goals, she emphasized the Canadian Blood Services' very clear and accountable nature. The Canadian Blood Services is "the only one agency that is accountable for the safety of the blood supply."[351]

Cranston wanted to demonstrate that the new blood service was making a clean break with the Red Cross. According to ***Maclean's***, her new organization's plans are held out as "revolutionary." The new blood services will be "an organization that is accountable, transparent and open." What Cranston wants to see is the rehabilitation of "confidence and trust."[352]

Surrogation involves a very specific restructuring of public memory. The successful replacement of an old institution with a new one necessitates that the new institution maintain virtues from the old system as it abandons the shortcomings of the past for new and innovative practices. Surrogation implies a clean break from the past that somehow preserves the very best that the past had to offer.

This two-way cut from the Red Cross to the Canadian Blood Services is reflected in an advertisement published in ***Family Health Magazine*** in December of 1998. The document tells us that Canadian Blood Services maintains all the fine traditions of the Red Cross blood services while repairing the negative aspects of the old system. This document distances the Canadian Blood Services from the Canadian Red Cross by representing the Canadian Blood Services as a successful replacement for the Red Cross. The author tells us that Canadian Blood Services corrects the old system's weaknesses.[353]

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351 Lewis, Robert. "New blood for a worthy cause." ***Maclean's***. July 27, 1998. P. 4.

352 Cranston, Lynda. "Rehabilitating Canada's Blood, a speech before The Empire Club of Canada, Toronto, October 7, 1999." Printed in ***Canadian Speeches***, November-December 1999. Vol. 13, no. 5 P. 53.

353 This document was written by Susan Hauch, MD, CCFP, a family physician practicing in Winnipeg, Manitoba.

"Looking at the new service, I see an organization that was created in direct response to the weaknesses of the old system." According to the circular, "safety is its primary focus." It is also "independent and free to act quickly." The Canadian blood services have "full access to expertise . . . independent expertise." It is involved in a comprehensive "push for blood research," and is "open to everyone."[354]

Perhaps the most interesting passage in the circular is:

> For donors, things remain the same. I want to stress that the hundreds of thousands of Canadians who donate blood will see little change in the donation process. Even most staff who worked with the Red Cross clinics are now with CBS. I know that donors want the process of donation and the people they see to remain the same. The generosity of blood donors and volunteers is crucial to the blood system. I hope they will continue to support the blood program and I hope that more Canadians become involved in our blood program. The need never stops.[355]

This passage does far more than simply reassure donors that they are in for no surprises the next time they donate blood. The Canadian Blood Services as surrogate relies heavily on many of the same aspects of moral economy as did the Red Cross. It repeats the fundamental importance of the volunteer and the voluntary donation to the blood system. The blood system is still founded on the gift of life. Just like the old system, the new Canadian Blood Services operates under a cycle of reciprocal obligation, or in the words of the circular: "We can depend on it . . . but it also depends on us."[356]

In a very real sense, the 'it' and 'us' of the above quotation are really the same thing. The circular is discussing the Canadian blood system, and the 'us' refers simply to Canadians. Upon a close reading of the circular, there are hardly any actual direct references to an 'us' served by the blood system. Rather, the subject of choice is, with very few exceptions, always 'Canadians.' In a fairly quiet sort of a way, this is a very nationalist document. Either 'Canada' or 'Canadian' is used 25 times in a four-page document and much of this space is occupied by charts and photographs. There is no

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354 ***Canada's Blood System*** circular.

355 ***Ibid.***

356 ***Ibid.***

doubt whatsoever that this system is by and for Canadians, that the Canadian Blood Services and the economy of the gift that supports this institution are deeply caught up in the vocabulary of the Canadian nation-state.

This language, as I have demonstrated in previous chapters, is hardly anything new to the blood system. Witness the emblem of the Canadian Red Cross Blood Transfusion Service, which features a blood red cross against the light ground of the Canadian maple leaf, and compare it to the symbol for the new Canadian Blood Services where a white maple leaf is inlaid against a red, stylized drop of blood. Both borrow from the nationalist imagery of the Canadian Maple Leaf. Both of these images represent a larger Canadian community, united under the color of blood, also the color of the Canadian flag, through an organization that subsists upon what is commonly understood to be best about Canadians, their volunteering spirit and generosity with the gift of life.

One distinction between the olá and the new stories about voluntarism is the understanding that not all donors give voluntarily. According to Hauch,

> Blood clinic staff are sensitive to the fact that when someone goes to the blood centre with a group of friends, it may be embarrassing to explain why they have not been allowed to donate. Accordingly, once the health questionnaire is completed, the nurse leaves the room to allow the donor a chance to think once more about the responses provided. Before leaving, the nurse gives the potential donor two bar-coded stickers, one of which is to be placed on the completed questionnaire. The first tells the nurse that the donor feels the blood can be used safely. The second says the blood should not be used. This use of stickers allows donors who are not fully confident about the safety of their blood to self-defer. This is an important safety feature, for while every unit of blood collected is extensively tested for known blood pathogens, turning away high risk donors is one of the ways of making the blood supply safer.[357]

This would seem to be an improvement, an improved performance of an old story about voluntarism. This policy clearly owes a great deal to insights that grew out of the blood system in Winnipeg discussed in an earlier chapter. We can only hope that the parties involved in the new blood system are as serious about the claims made by Lynda Cranston

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[357] Hauch, Susan. "Canada's new blood system." ***Family Health.*** November, 1998. Vol. 14. No. 4. P. 20.

concerning public participation as were the doctors in Winnipeg who first developed this self-deferral method.

Appeals to the brotherhood of blood shared by Canadians, the virtuous character of the gift, safety, and the independence from the federal government associated with public charities, were to inform the bulk of the promotional literature produced by the Canadian Blood Services. Another circular explaining the crossover from the Red Cross to the new agency called "Donors: The Lifeblood of Canadian Blood Services,"[358] emphasizes these themes. This circular was written to answer the most common questions put to the new agency by "donors during the transition period," assuring old donors to the Red Cross that they will continue to be respected at the new agency. The circular assures old donors that "for the most part, blood donor clinics will remain in their current locations after September 1, 1988," the date of the changeover. Furthermore, "the process of giving blood will remain familiar and donors will continue to receive the high quality of service they've grown accustomed to." Old donors will be updated as to any changes in the new system through mailings, electronic mail, and telephone calls. Confidentiality will be maintained with the same high standards as the Red Cross, and old donors may use their Red Cross cards which will be replaced at the clinic with a new Canadian Blood Services' card.

Central to the transference from the old to the new was the assurance to old donors that their records of giving have been kept and they will be able to count their donations to the Red Cross toward their 100th donation award: "Canadian Blood Services plans to continue to honour donors through a donation award program similar to that offered by the Red Cross." Canadian Blood Services may be a new agency without any of the flaws of the Red Cross, but the central virtue of the old agency and the old blood system continues to remain intact. The gift of life is of paramount importance to Canadian Blood Services who "encourage all donors and volunteers to continue giving generously."

Throughout the debate over who would take over from the Red Cross, a great deal

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[358] Canadian Blood Services. ***Donors: The Lifeblood of Canadian Blood Services***. This circular is available by request from Canadian Blood Services or it may be viewed at their web site: http://www.bloodservices.ca/english/home_english.html

of public antipathy was expressed toward the idea of donating blood to the federal government, especially in the coverage from the ***Western Report*** and the ***Alberta Report***. Those displeased with this possibility likened blood to taxes. They were unhappy paying taxes to the Federal government in Ottawa, and they would be damned if they were going to give their blood to the Federal government as well, even though the donation would be voluntary. Or as one man put it "the government is wrecking an institution that gave everybody a chance to make a social contribution. I'd have to think twice, before I supported a government-run service. And if this becomes a big-money enterprise, they'll have to pay me for my blood."[359] There are genuine concerns that blood and taxes should not be the same thing, or even be loosely connected through an official organ of the Canadian state. For these people, blood is a gift and the federal government has no place within the gift economy. The circular directly addresses this fear. According to the circular, "Canadian Blood Services is not a government agency. It is an incorporated, not-for-profit organization, operating as a charity at arms' length from government. It is dedicated to ensuring that Canadians will have access to safe and secure supplies of blood products when they are needed." The new agency maintains the story of the gift by isolating it from the corrupting money economies popularly understood to motivate business and government.

This distancing from the federal and provincial governments does more than simply preserve blood donation from contamination by a money economy. In the preceding chapters, I outlined the difficulty in focusing a discourse of blame on the Canadian Red Cross. As late as January 2001, Canadian newspapers were still publishing the occasional story on hepatitis C compensation by the provincial and the federal government,[360] and on the role that government regulatory negligence played in the choice to use tainted blood purchased from a corporation that collected in the risky environment of an Arkansas

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359 Woodard, Joe. "One guilty party punishes another: the Red Cross is squeezed out of the blood supply system, and donors are furious." ***Alberta Report***. August 18, 1997. P. 35.

360 "Red Cross pushes Hep-C deal. ***Canadian News Facts***, January 16-31. 2001. Vol. 35. No. 2. P 6185.

prison.[361] These could only serve as reminders of just how confused were the lines of blame portrayed in the news media. It certainly behooved the Canadian Blood Services to remind us that it is "being operated now by a completely new, independent, not-for-profit organization . . . Independent and free to act quickly. CBS operates and manages its own funding independently so it can make quick decisions when the need arises."[362] Canadian Blood Services lost few opportunities to remind the Canadian public that it was not the Red Cross, and that it also operated at some distance from the other institutions involved in the old blood system. It was entirely new, or as Susan Hauch described it, "completely new."[363]

Canadian Blood Services publishes a newsletter called ***BloodBeat***. The first ***BloodBeat*** was published in July 1988; two months before the official opening date of Canadian Blood Services. The first ***BloodBeat*** begins with an introduction to Canadian Blood Services by proclaiming the hope that it will "engage as many people as possible in the transition to a new blood management system in Canada."[364] Unlike the circular, ***BloodBeat*** emphasizes the distinctions between the new agency and the Red Cross. For example, the new agency is described as open and transparent to the public. The document uses expressions such as "engage as many people as possible," "collaboratively," "working in tandem," and "co-operation," on the first page to emphasize the new and improved traits of the agency. BloodBeat assures the Canadian public that "your views and your questions are more than welcome. Let us know what

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361 McIlroy, Anne. "U.S. prisoners blood fed hep-C infections: Ottawa. Documents show for the first time that government knew about risk of supply." ***Globe and Mail.*** June, 30th, 1999. P. A4.

362 Hauch, Susan. "Canada's new blood system." ***Family Health.*** November, 1998. Vol. 14. No. 4. P. 21.

363 ***Ibid.***

364 Canadian Blood Services. ***BloodBeat.*** No. 1. July 1988. P. 1. Back issues of ***BloodBeat*** may also be obtained through a request to Canadian Blood Services or by downloading it from their website.

you think!"[365]

However, the replacement of the Red Cross by Canadian Blood Services and Héma-Québec did not immediately put it all behind us. This replacement was not immediately successful at purging public memory. Something still bothered the conscience of Canadian blood donors. In 1998-99, the number of donors attending blood clinics was still only 790,418, just an increase of a few thousand from the previous year.[366] The blood system may have ejected its scapegoat, but the job of surrogation would not be complete until the new Canadian Blood Services was able to win back the confidence of donors and, more particularly, bring the number of blood donations back up to safe levels. In part, winning back the confidence of donors was achieved through the various circulars published by Canadian Blood Services and distributed to old donors.

The eventual outcome of this restructuring of the Canadian blood system would be a truly incredible increase of around 103,000 blood donors from 1996 - 97 to 2000-01. This recovery, however, would not happen overnight. The first six months the donor base did increase, but by 2.4%, not as radical a change as was to come later.[367] There was something still troubling the Canadian public conscience. Hepatitis C compensation was not decided on until well after the September 1, 1988-birth of Canadian Blood Services.

A compensation package for hepatitis C sufferers had been called for since 1993 when the news of this new kind of tainted blood came out at the Krever Inquiry and broke in the popular press. In the late 1990's, the question of hepatitis C compensation was still big news. As one article on Durhane Wong-Rieger, the president of the Canadian Hemophilia Society and a tireless advocate for compensation for hepatitis C and AIDS sufferers put it, "Canada is the only country in the world where you're likely to find

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365 *Ibid.*

366 See the table in Appendix F.

367 Cranston, Lynda. "Rehabilitating Canada's Blood, a speech before The Empire Club of Canada, Toronto, October 7, 1999." Printed in ***Canadian Speeches***, November-December 1999. Vol. 13, no. 5 P. 53-8.

yourself chatting about hepatitis C compensation with your cab driver or bartender."[368]

The first compensation package for hepatitis C was offered in March of 1998. This package offered $1.1 billion in compensation for the roughly 12,000 people infected with hepatitis C between 1986 and 1990, the years between the introduction of surrogate testing in the United States and its use in Canada.[369] This package was only the first of many offers produced through extensive debate over exactly who deserved compensation, how much they should be paid, and who should pay them.

On February 18, 1998, it was announced that talks between the federal and the provincial governments had bogged down in discussions over who should pay for a package. According to one article, an estimated 60,000 Canadians "contracted the potentially debilitating liver disease through blood transfusions and blood products in the 1980s. Those who were infected with the AIDS virus through tainted blood have received compensation worth about $30,000 a year, but those who got hepatitis C have not received anything."[370] The article faults the provincial governments for the difficulty in reaching a consensus over a compensation package. The provincial governments believed that the welfare payments and medical treatment of hepatitis C patients should be deducted from their compensation packages. The provinces estimated that the total cost of looking after hepatitis C patients would be around $1.1 billion.

The provinces would eventually agree to a joint package with the federal government. The total package was for $1.1 billion with $300 million coming from the provinces and the territories. This package was only extended to the patients who contracted hepatitis C during the four-year window when it was agreed that the blood system should have initiated surrogate testing for the virus. Left out of the compensation

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368 Curtis, Jenefer. "Blood money: to some people, Durhane Wong-Rieger is an angel of compassion, making sure all victims of tainted blood get fair compensation. To others... (she is) a manipulative spin doctor." ***Chatelaine***. December, 1988. P. 61.

369 ***Ibid.*** P. 64. And Demont, John. "Politics and blood: a hepatitis C cash offer is ready – but hurdles remain." ***Maclean's***. March 30, 1998. P. 24-5.

370 McIlroy, Anne. "No deal on money for blood victims: hepatitis group is outraged." ***Globe and Mail***, February 18, 1998. P. A1.

package were those 22,000 people who contracted the virus before or after the window from 1986 to 1990 and those people infected by patients who contracted the disease through tainted blood.[371]

Many of those infected with HIV and hepatitis C, especially those who fell outside the four-year mark set for hepatitis C compensation from the package of March 1998, filed suit against the Red Cross, the federal and the provincial governments. The Red Cross decided, as part of the transition to the new agency, to sell off its assets to the new agency and use the money collected to compensate hepatitis C victims. The Red Cross indicated that it would "treat all victims of hepatitis C as having equal claim to compensation regardless of when they were infected."[372]

It wasn't until mid-1999 that the provincial governments began to buckle under to demands to compensate the hepatitis C patients who fell outside the four-year window of compensation offered by the federal government. Quebec became the first province to offer compensation to hepatitis C victims not covered by a federal-provincial settlement. "Premier Mike Harris announced May 9 that Ontario will provide $25,000 to each person who contracted the disease from bad blood outside of the years 1986 to 1990, the time period covered by the federal-provincial compensation deal."[373] Just a few months later in Quebec, "Health Minister Pauline Marois announced Aug. 26 the province was offering $80.5 million, or roughly $10,000 for each of the estimated 8,000 victims in Quebec who contracted the virus before 1986 and after 1990 and therefore, are not eligible for the federal-provincial package"[374] Québécois make up about 15 per cent of Canadians with the degenerative liver disease. In the following months and years, the reporting on hepatitis C and compensation was to taper off. There is still occasional coverage such as the April 2, 2001-***Report Newsmagazine's*** article: "How much do the other 7,300 victims get?

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371 Demont, John. "Politics and blood: a hepatitis C cash offer is ready – but hurdles remain." ***Maclean's.*** March 30, 1998. Pp. 24-5.

372 "Blood services transfer stalled." ***Canadian News Facts.*** July 16, 1998. P 5717.

373 "Ontario boosts hepatitis C aid." ***Canadian News Facts***. May 1, 2000. P. 6052.

374 "Quebec extends hepatitis C aid." ***Canadian News Facts***, August 1999, P. 5914.

(Ontario Superior Court of Justice refused to approve a partial settlement for victims of infected blood who contacted Hepatitis C).[375] For the most part, however, hepatitis C had limited coverage after the flurry of reporting that lasted from late-1998 to mid-1999. Not surprisingly, it was in this period that blood donations began to escalate in number. In 1999-00, the number of blood donors attending blood clinics was 835,432, an increase of around 45,000 donors attending from the previous annual report.[376] From mid-1999 to the present, the representations of the blood system put before the Canadian public largely centered on the Canadian Blood Services and the pressing need for blood donations. The media representations continued to criticize the blood system, but this criticism had fallen in importance to the message that what was essential was maintaining the gift of life.

This message was delivered quite successfully to Canadians during the second year of the Canadian Blood Services. Under Ian Mumford, the vice-president of marketing and communications for Canadian Blood Services, there was an 8 percent increase in new blood donors from September 1999 to September 2000. Furthermore, there was a 15 percent increase in donors age 17 to 25 and a 14 percent increase in donors that had not donated in more than two years.[377] These numbers were to continue to rise in the following years. In 2000-01, the number of donors attending was 859,008, an increase of close to 25,000 donors attending from the previous year and more than 103,000 donors attending from the year prior to the inception of Canadian Blood Services.

Mumford's greatest concern was that only 3 percent of eligible Canadian donors give blood compared to 3.5 percent in the United States and 5 percent in Australia. Even though Canadian Blood Services has successfully recouped, even improved on the donor

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375 Carpay, John. "How much do the other 7,300 victims get? (Ontario Superior Court of Justice refused to approve a partial settlement for victims of infected blood who contacted Hepatitis C). Report Newsmagazine (Alberta Edition) April 2nd, 2001. P. 40. ***Report Magazine*** is the new name for the conglomeration of magazines run by Ted Byfield in Western Canada. These include ***Western Report***, ***Alberta Report*** and ***B.C. Report***.

376 See Appendix F.

377 Daniels, Chris. "CBS gets more people to donate blood." ***Marketing.*** December 18-25, 2000. Vol. 105. No. 50 p. 16.

base from before the blood scandal, he does not want to take any chances with blood stocks reaching dangerously low levels.

Jim Letwin, the president of JAN marketing which handled Canadian Blood Services' public relations campaign characterized Mumford as "desperately dedicated to solving the issues surrounding making blood available because it affects people's lives."[378] Letwin attributed Mumford and Canadian Blood Service's success at reestablishing and improving the donor base beyond pre scandal levels to the

> $3.5-million ad campaign, which doubled in value thanks to public service announcement bonusing. Rather than try to win over the public with patronizing ads promising how it would be different than the Red Cross, CBS focused on the urgent task at hand: to convince more Canadians to give much-needed blood. It did that with ads that posed the question: "If you knew . . . would you save a life?" and ended with such a simple tag line that it almost seemed silly not to donate: "Blood. It's in you to give." Playing on the idea that everyone may need blood at some point, the campaign featured real blood recipients; such as four-year-old cancer patient Brennan, who has required more than 300 blood transfusions and is currently featured in CBS's holiday campaign.[379]

Market research by Strategic Counsel of Toronto claimed that the ads were incredibly successful at reaching their audience. Sixty-two percent of donors said the advertisements had influenced their decision to donate and 23 percent said they were the primary motivation.[380]

The onslaught of these advertisements was instrumental in bridging the gap between the public discourse on the moral economy of the blood system and the descriptions given of the economy of blood. The "it's in you to give" campaign was a regular reminder that the central narrative of the Canadian blood system was the gift of life. Furthermore, it was the principal impression that most individuals received of Canadian Blood Services. At this time, news coverage critical of Canadian Blood Services

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378 *Ibid.*

379 *Ibid.*

380 *Ibid.*

was almost as rare as critical coverage of the Canadian blood system prior to the break of the scandal. Critical coverage of the Red Cross or the Federal and provincial government's role in the blood scandal would occasionally arise during this period, but little media commentary was directed toward Canadian Blood Services excepting the near-constant reminder to give.

In the prior incarnation of the Canadian blood system far more than a rational risk calculus came into play in the deliberation over risk policy. It was an economy based upon moral norms concerning the appropriate obligations between the various parties involved in the blood system that legitimated decision-making about the collection, processing and distribution of blood products. Some of these moral norms were recognized, such as the principles laid out by the Ministers of Health. Other of these moral norms such as the ambient homophobia that disturbed decision-making concerning the development of screening procedures were unexpected, the product of the surprising advent of AIDS. These moral norms not only legitimated the decisions that produced the tainted blood fiasco in Canada, they also legitimated protest against and criticism of the institutions involved in the scandal as well as the formation of the replacements for the old blood system, Héma-Québec and Canadian Blood Services. It is not at all surprising that many of these guiding moral narratives remain intact, if somewhat refreshed, in the new blood system. We are left with a period that bears some resemblance to an earlier one that I described as "business as usual." The new agencies may be under more intense scrutiny than the Canadian blood system was in the early 1980s, but they are mostly free of the kind of attention paid to the old blood system after the onset of the Krever Commission.

In Summary

I have concluded my recounting of the recent moral-economic history of tainted-blood in Canada. This analysis covered a period of seventeen years from the early days of HIV symptoms among hemophiliacs to the reinvention of the Canadian blood system as Héma-Québec and Canadian Blood Services.

As an analytic tool, moral economy enabled me to examine under common conceptual auspices a risk management debacle from the early days of risk management under uncertainty up to and including the expansion into and resolution of this crisis in the national public-sphere. Moral economy allowed me to tie together a series of questions concerning the social character of blame, trust, the gift, expertise and decision-making under conditions of uncertainty that are all too often treated as disparate issues in discussions of risk management scenarios.

In the early-to-mid 1980s, the Canadian blood system was mostly hermetic. For the most part, the day-to-day operating decisions of the blood services occurred within the confines of the Red Cross, the Bureau of Biologics and the funding agencies of the Canadian federal and provincial governments. The relations between the Canadian blood system and its clients could have been, if one were flattering, best described in terms of benevolent paternalism. Relations with a broader Canadian public, constituted by the blood system as donors, were mostly governed by the necessary maintenance of a sufficiently large pool of blood donations.

During this early period of "business as usual," decisions concerning the disposition of blood and its by-products were mostly legitimated by a constellation of moral principles concerning acceptable practices in donations, donor screening, blood fractionation, distribution and transfusion. These moral principles were commonly understood within the milieu of the blood system as voluntarism and self-sufficiency. Various forms of expertise and the legitimating role of trust also had considerable importance.

Voluntarism promised a delivery system where donors motivated by the desire to help others in need, rather than base motives such as financial remuneration for blood, would have had their blood safely delivered to deserving fellow Canadians. The principle

of self-sufficiency promised that the blood system would have utilized solely the blood of Canadian volunteers. Testimony before the Krever Commission explained that this was understood to achieve a number of goals including the exclusion of blood from other nations, such as the United States, where the principle of voluntarism did not hold, and to make possible a command and control blood system where blood donations could be monitored and regulated from the point of donation, through to fractionation, and eventual distribution to blood system-clientele. Both of these principles acted in support of the "gift of life," the promise that blood donations would be utilized to save the lives of fellow Canadians.

Tragically, voluntarism and self-sufficiency were unable to deliver the gift of life. These principles were described as having operated in consort with a host of other legitimating norms. In many instances, a climate of homophobia militated against voluntarism. There simply were not necessary assurances in place to allow gay men to defer their donations and maintain the closeted lives necessitated by discriminatory hiring and employment practices in provinces such as Alberta. Furthermore, self-sufficiency was often used to legitimate unsound business practices and inefficient fractionation facilities, simply because they were Canadian businesses. These kinds of stories about self-sufficiency often took precedence over an understanding of self-sufficiency as a demand for complete visibility and control of blood from donation to delivery.

Testimony before the Krever Commission argued that the specific forms of inclusion or exclusion that constituted various communities of experts were of great consequence to blood centre efforts to develop effective donor screening techniques. Expertise promised the specialized knowledge necessary to manage safely the blood system and to deliver the gift of life from donors to blood system-clientele. I demonstrated that decision makers from regional blood centres that were effective in screening out HIV-tainted blood donations described their deliberations as guided by virtues such as humility and the spirit of accommodation to guide their deliberations instead of tactics that excluded significant players from deliberation over their interests in the development of donor screening techniques. Those experts who developed ineffective screening procedures failed to exhibit these virtues by choosing to ignore, or simply not to

seek out donors for consultation.

Discussions of trust played a significant role, not only in writings I surveyed on risk management in general, but in the postoperative discussion of the blood scandal. There were numerous accounts of blood system personnel lamenting the loss of public trust and confidence in the blood system. Furthermore, there was a prominent, public discourse of blood system clientele mourning a system they had considered trustworthy. Trust and its related emotions such as reliability and confidence were the glue that tied together the moral economy of the Canadian blood system. A trusting populace indicated a widespread belief that the blood system was caring well for the public's interests. A breakdown in trust was warranted by the steadily increasing gap between the moral economy of blood and media representations of the 'actual' economy of blood products in Canada. Popular accounts demonstrated that the trust placed in the Canadian blood system by donors and hemophiliacs was unwarranted. However, the trust, placed by some experts within the Canadian blood system in donors, most notably gay men, was warranted, as evidenced by the role this trust played in the development of successful donor screening procedures.

In the mid to late 1980s, newspaper articles and other news pieces on tainted blood in Canada began to represent a widening fissure between the moral economy of the blood system and the descriptive economy of blood distribution. This fissure legitimated a series of attempts to fix blame or causality for the infection of hemophiliacs. Over the next several years these attempts would shift foci from one potential wrongdoer to another. The gallery of suggested culprits included the HIV virus, gay men, Haitians, IV-drug users, the Canadian Red Cross, federal regulatory agencies such as the Bureau of Biologics, the federal Ministers of Health, the provincial governments, and the provincial Ministers of Health.

Blame remained diffuse in the popular press until 1993 when the federal and provincial ministers of health authorized Justice Horace Krever to conduct a Commission of Inquiry on the Blood System in Canada. It was the year of the inquiry that the blood system took its first serious hit in blood donations. The number of donors dropped dramatically with the advent of the Krever Inquiry. Krever's commission was the first

wide-scale official involvement of the Canadian state in the blood scandal.

Levels of blood donations continued to drop rapidly until 1997. This was the year blame was officially fixed by the Canadian state. The federal and provincial Ministers of Health scapegoated and sacrificed the official provider of blood services in Canada. In most public discourse, the Red Cross came to stand for the entire institutional apparatus of the blood system. This was instituted in part through the delivery of an unofficial accusation and indictment from the Canadian state as the Red Cross was replaced by two new institutions, Héma-Québec and Canadian Blood Services.

This replacement or surrogation, in conjunction with two massive marketing campaigns, brought the Canadian blood system back full circle. Confidence was restored, at least to the extent that Canadians were once again donating blood at pre-scandal levels. This return was further demonstrated in public discourse through some very familiar refrains. The new blood services both emphasized their reliance on such principles as self-sufficiency and voluntarism, both serving the gift of life.

This dissertation is a guideline for following risk-management disaster scenarios from their inception through to their conclusion. It is far more, however, than a simple outline for analysis. I explore the ways that successful risk managers imagine the possibility of new, better and more inclusive risk-management scenarios. This analysis suggests that risk-management professionals alter their comportment towards uncertainty and the others of risk management.

I also analyze the process of blame and scapegoating whereby the Canadian Red Cross came to take the lion's share of responsibility for a series of misdeeds that could only be attributed to an immense and wide spread constellation of individuals and institutions. I suggest that we must take care when attributing blame. If the Red Cross came to stand in effigy for the entire blood system's failures, then it is entirely possible that its sacrifice may not actually serve to ameliorate the underlying ills that initially fomented the blood scandal. Sacrifice may help us forget, or at least to recuperate from past mistakes, but sacrifice only helps us imagine a better future. To actually guarantee us a better future for the blood system in Canada, we must pay serious attention to the moral narratives that successfully guided decision makers through the last scandal.

Epilogue

In recent months the blood system in Canada has been impacted by two serious events, the September 11, 2001 terrorist attack on the World Trade Center in New York and on the Pentagon in Washington D.C. and the exclusion of visitors to the British Isles who are thought to be possibly at risk for carrying Variant Creutzfeldt Jakob Disease or vCJD.

Canadian Blood Services had a well publicized role in the Canadian coverage of the response to the terrorist attack. According to a September 12, 2001 ***Globe and Mail*** article titled "Canada offers a hand as U.S. reels," Lorna Tessier speaking on behalf of Canadian Blood Services said that "people had been calling steadily since morning. 'The phones have just been ringing and ringing. We're extending clinic hours, and we're adding clinics for people to donate.'"[381] Early the next week, Tessier told a ***Globe and Mail*** reporter that "since last Tuesday, nearly 160,000 people in Canada have called to give blood. In British Columbia, for example, 4,400 people gave blood last week; a usual week brings in about 2,500 donors."[382]

Just two days later, an article in the Globe and Mail reported that "the Canadian Red Cross has collected more than $1.8-million, an amount that doesn't include pledges yet to be honoured... The Canadian Blood Services has also been inundated. From September 11, the day of the attacks, to September 16, more than 30,000 people donated blood, more than double the usual number of units collected."[383] This is quite likely the only time that Canadian Blood Services and the Canadian Red Cross have been mentioned in a newspaper article together where the tone of the article was not critical of one or the other of these institutions.

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381 Abraham, Carolyn. "Canada offers a hand as U.S. reels." ***The Globe and Mail***. September 12, 2001. P. A11.

382 ***Ibid.***

383 Mahoney, Jill. "Big and tiny donations add up." ***The Globe and Mail***. September 20, 2001. P. A8.

It was understood by Canadian Blood Services representatives that these donations were donated by people who wanted to help New Yorkers and residents of Washington D.C.[384] It is of some interest that giving blood was one of the first things that came to the minds of many people who wished to help out in the aftermath of this tragedy. Two of my friends in Manhattan, one a Canadian, told me that their first charitable impulse after the event was to donate blood. Both of them were turned away, but not because of any problems with their blood. There were simply too many people with the same idea. One friend told me that the line-up outside the hospital where he tried to donate blood in upper Manhattan was over four long-blocks long. Similar stories filtered through to me from the media of Canadians being asked to leave their phone numbers and to come back at a later date. It would seem that blood donation truly is motivated by virtuous impulses.

VCJD is a fatal disease that has infected people in France, Portugal, Switzerland and other European nations. The most serious rate of infection was in the United Kingdom where at least forty cases have been detected. VCJD is thought to be caused by the same protein–known as a prion– as bovine spongiform encephalopathy or BSE, more commonly known as Mad Cow Disease. In October of 1998 a report was published by the Bayer Advisory Committee on Bioethics. This report stipulated that people living in or visiting England since 1980 should not donate blood as they may be at risk for vCJD. This was the period when the infection of cattle with BSE was at its height.[385]

Beginning September 30, 1999, Canadian Blood Services announced a ban on blood donations from anyone who had spent six months or more in the United Kingdom from 1980 to the present. The six-month period was explained by Canadian Blood Services as an attempt to balance out the need for blood donations against possible risks from vCJD.[386]

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[384] Picard, André. "Blood donations double in Canada." ***The Globe and Mail***. September 21, 2001. P. A6.

[385] See, Canadian Blood Services. ***A Report to Canadians: Our First Six Months.*** Canadian Blood Services. March 31, 1999. P. 28.

[386] Canadian Blood Services. News Release: Canadian Blood Services to Defer Donors Who Have Spent Six Months or More in U.K. Ottawa, Ontario – Tuesday, August 17, 1999.

This plan produced some heated dissension. Most notably, Durhane Wong-Rieger, the former president of the Canadian Hemophilia Society resigned her position as a consumer representative on the board of Canadian Blood Services. In a July 15, 1999 article in ***The Globe and Mail***, Wong-Rieger argued the proposed restrictions "are putting people's lives at risk. We are putting the supply of blood at serious risk. We are going to have huge blood shortages" Wong-Rieger estimated that far more Canadians than expected will stop donating blood because of the ban on travelers to the U. K.[387] In the same article, she also expressed her dismay with the expense of new blood tests which cost about $20-million a year and are expected to catch perhaps seven or eight cases a year of HIV or hepatitis C. She argues that these tests are not only prohibitively expensive, but that the difficulty in administering these tests greatly impedes the efficiency of blood system employees and further imperiled a blood system in danger of blood shortages.

Wong-Rieger's criticisms echo the distinction made by scientists between type I and type II errors. According to Carl Cranor, the

> decision to postpone action is just as much a decision under uncertainty as a decision to take precautionary action in the mean time... In assessing potentially toxic substances, a decision not to act risks false negatives, whereas a decision for precautionary regulation risks false positives. Since one risks both mistakes, both should be acknowledged and the decision process designed to find an appropriate balance between them.[388]

At first, Wong-Rieger's criticism seems an interesting turnaround. The blood system is now accused of being too safe. Or more precisely, she claims that blood system policy is too far on the side of making false positives. The concern regarding the threat of disease is excessive and will actually endanger the clients of the blood system in another way, by increasing the likelihood of dangerous blood shortages. The blood agency

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387 McIlroy, Anne. "Critic quits blood agency. Predicts huge shortages: Wong-Rieger resigns in protest over regulations she ways will put Canadian lives at risk." The Globe and Mail, July 15. And "Blood Pressure." ***The Globe and Mail.*** July 17th, 1999.

388 Cranor, Carl. 1993. ***Regulating Toxic Substances: A Philosophy of Science and the Law***. Oxford: Oxford University Press. P. 154.

defended itself against these charges. Wong-Reiger's fellow board member, Dr. Harvey Schipper, said the ban was the best way to proceed, until Canadian Blood Services knew enough about vCJD to decide to lift the ban.

What is especially interesting about Wong-Rieger's criticism is her focus. Canadian Blood Services are not being criticized for insufficient foresight. Some of the most serious problems with the earlier incarnation of the blood system in Canada were the many ways that decision-making architectures militated against making just these kinds of decisions. Moral economies of expertise, self-sufficiency, homophobia and other conditions such as funding difficulties encouraged parties within the blood system to drag their heels. Rather, Wong-Rieger is criticizing Canadian Blood Services for being too forward-looking, too risk-averse. She argues that the new blood system is not carefully balancing the institutional tension between the production of false positive and false negative results with their testing and their screening procedures. In spite of her criticisms of the Canadian Blood Services, Durhane Wong-Rieger shares many of the concerns and a primary focus of Canadian Blood Services, that of developing a donor base sufficiently large enough to put any fears of blood shortages aside.

Although Rieger's criticisms suggest that the new blood system has made some significant changes, the advent of vCJD is a reminder that new uncertainties will continue to plague the blood system. The strong likelihood of new contaminants plaguing the blood system prompts me to ask questions of the new blood system that can only be answered in the upcoming years: will this updated performance of the moral economy of blood deliver the gift of life, or will this new form of consanguinity be capable of handling the novel moral circumstances prompted by irruptions of new diseases such as HIV, hepatitis C or vCJD? Could this new system return to us, once again, the gift of death?

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Appendix A: People

Beatty, Perrin: Federal Minister of Health in 1989.

Best, Dr. Charles: The progenitor of the Canadian Blood System. With a startup grant from the Canadian military he began collecting plasma at the University of Toronto's Connaught Laboratories during the 2nd World War.

Bethune, Dr. Norman: While volunteering as a doctor in China in 1938, the Canadian doctor Norman Bethune proposed the idea of a universal health care system for Canada. Bethune is remembered for numerous good works and innovative practices including the introduction of the mobile blood-bank to the battlefield.

Blajchman, Dr. Morris: Blajchman is a professor of hematology at McMaster University and the Director of the Blood Products Laboratory at McMaster Medical Centre. He was also the medical director at the Hamilton Centre Red Cross with responsibility for the region's transfusion medicine program from 1975 onwards.

Bouchard, Benoît: Bouchard was the Canadian Health Minister in 1993. He was later to become the Canadian Ambassador to France.

Bowen, Dr. Tom: Dr. Bowen is a specialist in pediatrics and allergy/immunology and a pediatric hematologist/oncologist transplanter. From January 1, 1981 through to November 7, 1985 he was the Medical Director of the Calgary Blood Transfusion Service.

Buskard, Dr. Noel: From February 1, 1983 to September 30, 1991, Dr. Buskard was the Provincial Medical Director of the Canadian Red Cross in British Columbia.

Conners, Irene: The mother of AIDS activist Janet Conners.

Conners, Janet: Janet Conners actively spoke out against the blood system in Canada. She contracted HIV from her husband Randy, a hemophiliac who contracted HIV from tainted blood.

Conners, Randy: The husband of Janet Conners.

Courts, Bernard: A reporter for the gay newspaper ***Sortie***.

Cormack, Barbara Villy: A popular spokeswoman for the Canadian Red Cross in

Alberta during the 1950s and 1960s. She was known as the Red Cross Lady.

Cranston, Lynda: The director of Canadian Blood Services.

de Jean, Paul: A representative of the Christian Haitian community in Montreal who complained that the prohibition against Haitian donors was discriminatory.

Derrick, Dr. John: A senior advisor to the Canadian Red Cross on AIDS.

Dobson, William Charles: An Executive Director of the Canadian Blood Agency.

Fast, Dr. Margaret: an infectious-disease specialist in Manitoba who, from 1982 to October 1985, was the Assistant Provincial Epidemiologist, and from November 1985 until September 1991, was the Director of Communicable Disease Control in the Community Health Services Division. From January 1990 to March 1992, she was Chief Medical Officer of Health for the province.

Hammond, Dr. Gregory: The Head of the Virus Detection Laboratory at the Cadham Provincial Laboratory in Manitoba since 1979. At the time of the inquiry he was the Director of the Provincial Laboratory and Imaging Services Branch since 1984, also in Manitoba.

Hauch, Susan: A family physician practicing in Winnipeg, Manitoba and author of Canada's New Blood System, a widely distributed circular that was also published in the magazine ***Family Health***.

Herst, Dr. Roslyn: The chairwoman of the Canadian Hemophiliac Societies' Medical and Scientific Advisory Committee and the deputy medical director of the Toronto branch of the Red Cross.

Hill, Dr. Grant: A health critic for the Reform Party.

Huntsman, Dr. Richard: Medical Director of the Red Cross from January 1976.

Isaac, Dr. Barry: An English professor at the University of Calgary who had done some research on the incidence of non-A, non-B hepatitis infection from paid donors versus voluntary donors.

Kreppner, James Randolph: A lawyer on the board of Hemophilia Ontario and the Canadian Hemophilia Society. The coauthor of the document titled Hemophilia and AIDS: Compensation for An Avoidable Catastrophe had AIDS and hepatitis

C, both contracted from tainted blood.

Krever, Horace: A former Ontario Supreme Court Justice who headed the Commission of Inquiry on the Blood System in Canada

Langevin, Michel: Héma-Québec's director of marketing and supply.

Lavigne, Pierre: A lawyer who represented hepatitis C victims before the Krever Commission

Lazure, Dr. Denis: A former Health Minister of Québec.

Letwin, Jim: The president of JAN marketing which handled Canadian Blood Services public relation's campaign.

Lindores, Douglas: The former Secretary General of the Canadian Red Cross Society and the Chief Executive Officer of the corporation.

Marois, Pauline: Health Minister of Québec in 1999.

Matheson, Joel: A former Health Minister of Nova Scotia.

Matsuko, Patricia: A Public Health Nurse who was Program Director of the Sexually Transmitted Disease and AIDS Programs for the Province of Manitoba from 1979 to 1992 and the Program Specialist for Infectious Diseases for the Province of Manitoba at the time of the Krever Inquiry.

McDuff, Johanne: A reporter and the author of ***Le Sang Qui Tue: L'Affaire Du Sang Contaminé Au Canada***. Presently she is Director, Communications Office of the Auditor General of Canada

Milito, Artibano: The first hemophiliac to die of AIDS in British Columbia. He died on March 31, 1983. He received HIV tainted blood three times, in 1979, 1981 and 1982.

Moody, George: Tory MLA George Moody, who became Health Minister in Nova Scotia after the period under observation by the Krever Inquiry.

Moore, Mary MaCleod: The author of ***The Maple Leaf's Red Cross: The War Story of the Canadian Red Cross Overseas.***

Mumford, Ian: The vice-president of marketing and communications for Canadian Blood Services.

Page, David: A vice president of the Canadian Hemophilia Society.

Perrault, R. A.: The National Director of the Blood Transfusion Service at the Canadian Red Cross Society from 1974 to 1986, from 1986 to 1989 the Deputy Secretary General of Operations and from 1989 to 1991, the Deputy Secretary General of Blood Services for the Red Cross.

Phair, Michael: An openly gay city council member in Edmonton, Alberta.

Picard, André: A reporter from The Globe and Mail. Picard was one of the principal reporters to cover the tainted-blood scandal and he was the author of the book, ***The Gift of Death: Confronting Canada's Tainted-Blood Tragedy.***

Pittman, Kenneth: Mr. Pittman was a cardiac patient who contracted AIDS from tainted platelets.

Pittman, Rochelle: The wife of Kenneth Pittman. She contracted HIV from her husband.

Plater, John: A president of Hemophilia Ontario

Pool, Dr. Judith: A researcher at Stanford University who discovered the process for manufacturing cryoprecipitate in 1964.

Powell, Dr. Allan: A president of the Hepatitis C Survivors Society.

Ranger, Dr. Francois: Acting medical director of the Red Cross service in Calgary in 1986.

Ruether, Dr. Bernard: A member of The Calgary Blood Transfusion Service Management Committee

Russel, Ron: A former Nova Scotian Health Minister.

Saumur, Étienne: A sufferer from a severe and chronic case of hepatitis C who requested, in front of the Krever Commission, a compensation package from the federal government of comparable value to the one offered to hemophiliacs with AIDS and a public acknowledgment "that the authorities should have warned patients about the dangers of hepatitis and done more to stop its spread."

Schroeder, Dr. Marlis: The Deputy Medical Director of the Winnipeg Blood Transfusion Service from 1975 to 1982. Following this, she was the Acting Medical Director from January 1983 to July of 1983 and then the Medical

Director, a position she still occupied in 1994 on the date of her testimony before the Krever Inquiry.

Sheehy, Gerald: A former Nova Scotian Health Minister.

Shepherd, Dr. Frances: A specialist in internal medicine and hematology. Since January of '88, Dr. Frances was the head of the section of Medical Oncology, Division of Hematology/Oncology at the Toronto Hospital, dealing with the General and Western Divisions and since September 1980, to the date of the inquiry, a staff physician at the Toronto General Hospital, Department of Medicine, Division of Hematology and Oncology. Dr. Shepherd stood on the board of NACAIDS from October of '84 through to April of '86.

Shilts, Randy: Shilts was a reporter for the San Francisco Chronicle from 1982. He was the first reporter to break the story of AIDS in a major newspaper and perhaps the foremost journalistic expert on AIDS in the United States. He wrote a monumental account of the early days of AIDS titled ***And the Band Played on: Politics, People and the AIDS Epidemic.***

Smith, Dr. Dick: A physician in Winnipeg and with Marlys Schroeder, one of the primary authors of a pamphlet on AIDS targeted at gay male blood-donors. This pamphlet encouraged self-deferral.

Soskolne, Dr. Colin: An epidemiologist and a professor in the Department of Public Health at the University of Alberta since 1985. Prior to this from March 1, 1982 to June 1985, he was the Director of the Epidemiology Research Unit of the Ontario Cancer Treatment and Research Foundation based in the Department of Preventive Medicine and Biostatistics at the University of Toronto. He was involved with NACAIDS until 1985.

Stanbury, Dr. Stuart: A director of the Red Cross Blood Transfusion Service. Immediately after the 2nd World War he negotiated contracts with the provincial and federal governments of Canada for the Red Cross to operate the official blood agency in Canada. He was basically the originator of the Red Cross Blood Transfusion Service that existed during the period of the blood scandal.

Stewart, Ron: The Nova Scotian Health Minister at the time that the provincial ministers

of health were filing suit against Justice Krever's ability to lay blame.

Swann, Antonia: The partner of severe, type A hemophiliac, James Rudolph Kreppner. Antonia Swann also testified before the Krever Commission.

Titmuss, Sir Richard: Author of ***The Gift Relationship: From Human Blood to Social Policy.*** This book has a great deal of influence on Canadian blood policy.

Varin, Claude: A hemophiliac with HIV who filed suit against the federal government, the Canadian Red Cross and Cutter Biological–the American manufacturer of a tainted batch of factor eight concentrate.

Wilbee, Stan: A Progressive Conservative MP and the chairman of the standing House of Commons subcommittee on health issues. He asked for a public inquiry to look into the causes for the blood crisis.

Wilson, Jim: The Health Minister in Ontario during the period when it was decided to replace the Red Cross with a new agency.

Woloshuk, Elaine: A former president of the Canadian Hemophilia Society.

Wong-Rieger, Durhane: A former president of the Canadian Hemophilia Society and a former consumer's representative on the board of Canadian Blood Services.

Appendix B: Institutions

Armour Pharmaceuticals: An American fractionation company that fractionated Canadian-sourced plasma into blood products on a number of occasions during the early 1980s

Bayer Advisory Committee on Bioethics: An independent, private-sector, Bioethics Advisory Council, that receives its funding from, and reports to, the Bayer Foundation which is an independent charitable body created under the Canada Corporations Act. A recommendation from this council was instrumental in the deliberations over possible contamination of the blood system from vCJD.

Bureau of Biologics: The section of the Health Protection Branch charged with the regulation of all medical products of an organic origin, especially the blood products and plasma distributed through the blood system.

Canadian Blood Committee: This committee was composed of thirteen members, each appointed by a federal, provincial and territorial minister of health. It began meeting in early 1981. Its mandate was to oversee the blood system, especially the collection, processing, distribution, and utilization of blood and its by products. As well, it was supposed to oversee operational research, to support and maintain self-sufficiency, gratuity, voluntary blood donation and the non profit status of the blood system.

Canadian Blood Services: The agency that replaced the Canadian Red Cross as the primary provider of blood products in Canada in every province and territory outside of Québec.

Canadian blood system: There was no one institution called the Canadian blood system. Rather, this term and the expression blood system are used contextually to refer to the entire institutional array charged with blood delivery at any given time throughout the research. The relevant institutions within the blood system change regularly, but the Canadian blood system is the summation of all relevant institutions at any particular moment.

Canadian Blood Transfusion Service: The (BTS) was the section of the Canadian Red Cross charged with responsibility for blood collection and delivery.

Canadian Red Cross: The Canadian Branch of The International Committee of Red Cross and Red Crescent Societies. A humanitarian agency that was heavily involved in the blood delivery system in Canada.

Commission of Inquiry on the Blood System in Canada: A public inquiry into the origins and causes of tainted blood in Canada overseen by Commissioner Justice Horace Krever.

Connaught Laboratories: A Canadian fractionater of blood products located in Ontario.

CPL-PMS: An acronym for the Cadham Provincial Laboratory and Preventive Medical Services Committee in Manitoba.

Cutter Biological: An American corporation that held a number of contracts for fractionating Canadian-sourced plasma. Cutter was one of the suppliers of blood products during the early 1980s.

Haemovigilance Committee: A committee formed in 1998 by the National Government of Québec to oversee Héma-Québec.

Héma-Québec: The agency, which now collects, oversees fractionation and distributes blood in the province of Québec. Héma-Québec replaced the Blood Transfusion Branch of the Canadian Red Cross.

Institut Armand-Frappier: The Québécois partner in one of many attempts to develop fractionation facilities in Canada.

JAN Marketing: The marketing company that designed and implemented Canadian Blood Services highly successful print, radio and television campaign to win back donors.

MACID: A committee that was re-formed out of another committee called the CPL-PMS Committee, an acronym for the Cadham Provincial Laboratory and Preventive Medical Services Committee. Dr. Gregory Hammond chaired this committee in the early 1980s. During this period, he decided that MACID ought to be resurrected as a vehicle for communication among people that were interested in Public Health issues in the province of Manitoba. Dr. Hammond reported directly to the Manitoba Deputy Director of Health, the most senior person within the health ministry. MACID either stands for Manitoba Advisory Committee on

Infectious Disease or Ministers Advisors Committee on Infectious Disease. The members present before the inquiry were not sure.

NACAIDS: The National Advisory Committee on AIDS

National Blood Programme: The blood system as administered by the Canadian Red Cross.

Positive Parents of Canada: An association of parents with HIV-positive children.

Rh Institute: The Manitoba partner in one of many attempts to develop fractionation facilities in Canada.

Winnipeg Gay Coalition: A coalition of gay community groups in Winnipeg. This association was instrumental in writing the policy of blood donation deferrals with Dr. Marlys Schroeder.

Appendix C: Textual Resources

This dissertation relies heavily on the analysis of a variety of texts. These include newsletters, newspaper articles, books and a variety of government and institutional documents. Listed below are the sources for these documents. I followed many distinct methods for obtaining these textual resources. Many articles were simply handed to me by friends who knew I was writing on the blood system in Canada. I also requested copies of flyers, circulars, newsletters and so on from the Canadian Red Cross, Canadian Blood Services and other institutions. The very useful websites for the Canadian Red Cross, Héma-Québec, and Canadian Blood Services were obtained from flyers and internet search engines such as Google. The most systematic of these methods relied on two indexes of print articles in Canada. The first of these was the ***Canadian News Index***, a paper index of major Canadian newspapers and magazines. The second of these was the *Infotrac CPIQ* search engine that references most newspapers, journals and magazines in French and English in Canada. Through the use of these indexes I obtained a copy of every indexed newspaper and magazine article pertaining to tainted blood in Canada, the Canadian blood system as well as many articles on AIDS and HIV.

Following is a list of resources utilized in the writing of this dissertation:

A Report to Canadians: Our First Six Months. Canadian Blood Services. March 31, 1999.

Alberta Report

B. C. Report

Blood Beat: The Bulletin of Canadian Blood Services

Calgary Herald

Canada's Blood System. A circular published by Canadian Blood Services.

Canadian News Facts

Chatelaine

Cormack, Barbara Villy. 1960. ***The Red Cross Lady.*** Edmonton: The Institute of

Applied Art, Ltd.

Cranston, Lynda. "Rehabilitating Canada's Blood, a speech before The Empire Club of Canada, Toronto, October 7, 1999." Printed in ***Canadian Speeches***, November-December 1999. Vol. 13, no. 5 p. 53.

Donors: The Lifeblood of Canadian Blood Services. A circular published by Canadian Blood Services.

Globe and Mail

Family Health

Halifax Chronicle Herald

Http://www.bloodservices.ca/english/home_english.html.

http://www.hema-quebec.qc.ca/

Information Bulletin for HÉMA-QUÉBEC partners, volunteers and donors.

Krever, The Honourable Mr. Justice Horace. 1997. ***Final Report: Commission of Inquiry on the Blood System in Canada. Three Volumes.*** Canadian Government Publishing: Ottawa, Canada.

Macleans

Marketing

McDuff, Johanne. 1995. ***Le Sang Qui Tue: L'Affaire Du Sang Contaminé Au Canada***. Montréal Canada: Enquête.

Montreal Gazette

Moore, M. Macleod. 1919. ***The Maple Leaf's Red Cross: The War Story of the Canadian Red Cross Overseas.*** London: Skeffington and Son, Ltd. Publishers to H.M. the King.

Perrault, R. A. 1990. ***The Canadian Red Cross Blood Programme From 1974 to 1990: A Report to the Canadian Hematology Society.*** Ottawa: Canadian Red Cross Society.

Picard, André. 1995. ***The Gift of Death.*** Toronto: Harper Collins Publishers Ltd.

The Queens Book of the Red Cross With a Message from HER MAJESTY THE QUEEN and Contributions by Fifty British Authors and Artists in Aid of The

Lord Mayor of London's Fund for the Red Cross and the Order of St. John of Jerusalem. 1939. London: Hodder and Stoughton.

Saturday Night

Shilts, Randy. 1987. ***And the Band Played On: Politics, People and the AIDS Epidemic***. Penguin: New York.

Titmuss, Richard. 1970. ***The Gift Relationship: From Human Blood to Social Policy.*** London: George Allen & Unwin. Ltd. P. 157.

Toronto Star

Vancouver Sun

Verbatim Transcripts Of Commission of Inquiry on the Blood System in Canada. Cited in footnotes as ***KIT***. February 14, 1994 - December 17, 1996

Western Report

Winnipeg Free Press

Appendix D: Glossary

BSE: Bovine spongiform encephalopathy, more commonly known as Mad Cow Disease.

CJD: Creutzfeld Jacob Disease, thought to be the human form of BSE.

Cryoprecipitate: The process for manufacturing cryoprecipitate was discovered by Dr. Judith Pool of Stanford University. Cryoprecipitate is in part composed of the factors missing from the blood of hemophiliacs. Administering cryoprecipitate will encourage clotting in the blood of hemophiliacs.

ELISA test: Enzyme-linked immunoassay for the HIV-antibody. A test that detects HIV antibodies

Factor VIII and Factor IX Concentrate: Concentrates made from blood plasma that is missing in the blood of hemophiliacs. These factors allow hemophiliacs to live a normal lifestyle as they can be self-administered.

Hepatitis C: A hepatitis variant that devastated the Canadian hemophiliac population. It is far more difficult to treat than hepatitis A or B.

HIV: Human Immunodeficiency Virus

HTLV: Human T-Cell Leukemia Virus

Plasma: Blood is roughly 55-per cent plasma, a yellowish fluid. Plasma stores better than whole blood and plasma is what is processed into the fractionated blood products and cryoprecipitate used by hemophiliacs.

Raw Canadian Plasma: Plasma that has been drawn from Canadian donors. This term is often used to designate Canadian plasma that has been shipped abroad to be processed.

vCJD: Variant Creutzfeldt Jakob Disease. This fatal disease has infected people in France, Portugal, Switzerland and other European nations, but predominantly in the United Kingdom where at least forty cases have been detected by 2000. VCJD is thought to be caused by the same protein as bovine spongiform encephalopathy or BSE, more commonly known as Mad Cow Disease.

Appendix E: Significant Dates and Events Covered in the Dissertation

1940 – January 29. The first blood drive by the Canadian Red Cross was held at Toronto's Grace Hospital.

1940 – Dr. Charles Best, with a startup grant from the Canadian military, began production of powdered plasma for the war effort at the University of Toronto's Connaught Laboratory.

1947 – February. The opening of the first peacetime clinic in Vancouver.

1964 – Dr. Judith Pool of Stanford University discovers the process for manufacturing cryoprecipitate.

1965 – Cryoprecipitate first became readily available to Canadian hemophiliacs.

1968 – Factor VIII concentrate is made available to individuals with type A hemophilia.

1969 – Factor IX concentrate is made available to individuals with type B hemophilia.

1970 – Sir Richard Titmuss publishes his book, ***The Gift Relationship: From Human Blood to Social Policy.*** This book was extremely influential on blood policy in Canada.

1980 – The Canadian Ministers of Health announce the principles of the blood programme in Canada. These include a voluntary donor system, self-sufficiency of blood products, gratuity of blood products, and a nonprofit policy.

1982 – May. First cases of AIDS reported in Canada.

1982 – July. First cases of transfusion AIDS are reported in the United States.

1982 – December. Four new cases of transfusion AIDS including an infant are reported in the United States.

1982 – December 11. The very first newspaper article linking AIDS with hemophilia is published by the ***Winnipeg Free Press***.

1982 – December. A number of Canadian hemophiliacs in Montreal report AIDS like symptoms.

1983 – February 7. The Canadian Hemophilia Society's Medical and Scientific Advisory

Committee publishes a series of recommendations concerning transfusion AIDS. The MSAC suggests that serious efforts ought to be taken to exclude blood donors at risk for AIDS. These measures ought to include outreach and consultation efforts toward the communities in question coupled with questionnaires and laboratory tests.

1983 – March 10. The Red Cross issues a press release asking Haitians, IV drug users and gay men not to donate their blood. The Red Cross makes little to no effort to contact these groups prior to this announcement. On this same day, the ***Globe and Mail*** publishes a story titled "Fatal disease feared, groups at risk advised not to donate blood." This was the first widely distributed newspaper-article explicitly to link gay men to the infection of hemophiliacs with AIDS.

1983 – March 15. ***The Montreal Gazette*** publishes an article on the critical Haitian response to the blood ban.

1983 – August 14. Dr. Marlys Schroeder meets with members of the Winnipeg Gay Coalition to discuss and write the contents of a pamphlet designed to keep men who participate in high-risk sexual practices from donating their blood. Central to this pamphlet was the self-deferral procedure.

1984 – October 5. ***The Vancouver Sun*** publishes an article that shifts the cause of tainted blood away from gay and Haitian donors to blood products purchased from American sources.

1985 – October. The ***Montreal Gazette*** publishes the very first account of institutional blame. This article takes the Red Cross to task over its delay in instituting ELISA testing.

1986 – July. It is announced that the Red Cross will not begin surrogate testing for hepatitis C.

1987 – June. ***The Montreal Gazette*** reports that a suit has been filed against the Canadian Red Cross and the Isaak Walton Killam Hospital for Children on the behalf of a six-year-old hemophiliac child with AIDS.

1991 – Throughout most of the year, a great deal of coverage is devoted to the criminal trials of individuals involved in the French tainted-blood scandal.

1991 – The Canadian Blood Agency takes a supervisory role over the National Blood Program.

1993 – May 26. A federal inquiry into the causes of tainted blood in Canada is announced.

1993 – October 4. Justice Horace Krever undertakes an inquiry into the causes of tainted blood.

1993 – Close to 91,000 blood donors stop attending clinics.

1994 – March 12. The first of a plethora of articles about hepatitis C contracted from tainted blood is published in the ***Montreal Gazette***.

1995 – André Picard publishes his account of the tainted-blood scandal, ***The Gift of Death.***

1996 – April, 23. The ***Toronto Star*** publishes an article titled "New Blood Agency Eyed."

1996 – May 8. It is announced that Joel Matheson, Ron Russell and Gerald Sheehy, three former Nova Scotia Health Ministers, will not pursue a joint suit against Krever.

1996 – May 18. It is announced that Nova Scotia, Ontario and British Columbia will pull out of the lawsuit against Krever.

1996 – May 22. The beginning of a lawsuit against Krever's right to find blame filed by most of the provincial governments, the federal government, the Red Cross and a number of pharmaceutical corporations.

1997 – July 30. A demand is delivered to the Red Cross by Allan Rock, the Federal Minister of Health, to give up its directorial position in the Canadian blood system.

1997 – August 1. The Red Cross agrees to pull out of the new blood system.

1997 – October 6. It is announced by the Supreme Court of Canada that the way has been cleared for further actions against individuals and organizations involved in the tainted-blood scandal. The suit against Krever will not be honored, although Krever must refrain from using language that could amount to findings of civil or criminal responsibility.

1997 – Late. The release of the ***Commission of Inquiry on the Blood System in***

Canada: Final Report.

1998 – March. Quebec announces its plans for a new provincial blood system, Héma-Québec.

1998 – March. A compensation package is offered to those infected with hepatitis C between the years of 1986 to 1990, the years between the beginning of surrogate testing in the United States and its adoption in Canada.

1998 – July 27. The provinces and the federal government agree to pay the Red Cross 132.9 million for its blood system assets.

1998 – September 1. Canadian Blood Services is launched.

1998 – September 28. Héma-Québec is launched.

1998 – October. The Bayer Advisory Committee on Bioethics releases a report on variant Creutzfeldt Jacob's Disease (vCJD) stipulating that people who have visited the United Kingdom since 1980 should not donate blood.

1999 – July 15. It is announced that Durhane Wong-Rieger, the former president of the Canadian Hemophilia Society has resigned her position as a consumer representative on the board of Canadian Blood Services due to their intentions to ban blood from recent visitors to the United Kingdom. She argues that this is too cautious and will endanger Canadian lives because of the potential shortage of blood stocks.

1999 – August. The Québec Health Minister announces an 80.5 million package for those who contracted hepatitis C before 1986 and after 1990.

1999 – September 30. Canadian Blood Services announces a ban on blood donation from those donors who have spent at least six months in total in the United Kingdom since 1980 in an effort to prevent the possible spread of vCJD.

Appendix F: Tables

Table 1.

Year	Number of donors attending in every province but Quebec. In 1997-98 and after, number of donors attending Canadian Blood Services.	Number of Donors attending in Quebec. After 1997-1998, number of donors attending Héma-Québec.	Total donors attending in Canada
2000-01	859,008[389]	269,952[390]	
1999-00	835,432	278,092	
1998-99	790,418	135,744	
1997-98	787,978		
1996 – 97	756,345	234,492	990,837[391]
1995-96	802,030	242,016	1,044,046
1994-95	845,089	248,949	1,094,038
1993-94	867,709	262,108	1,129,817
1992 – 93	920,124	275,552	1,195,676
1991 – 92	989,636	296.977	1,286,613
1990 – 91	1,002,713	292,721	1,295,434
1989 – 90			1,292,788
1988 – 89	982,174	291,906	1,274,080
1987 – 88	996,654	278,474	1,275,128

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389 The statistics for number of donors attending Canadian Blood Services from 1997-98 to 2000-01 were given to me by Virginia Gaffney, the Director of Marketing, Communications, Customer Service & Public Involvement for Canadian Blood Services.

390 The statistics for number of donors received in Héma-Québec blood clinics from 1998-2001 were given to me by Linda Desrochers, the webmaster for Héma-Québec.

391 The statistics for number of donors attending in Québec and the other provinces from 1986 to 1997 were found in a series of reports titled: Canadian Red Cross Society. ***Blood Services Statistical Report***. Each report is identified by year. The numbers cited were invariably found on pages 4-

1986			1, 299,475